DOCUMENT RESUME

ED 230 341 RC 014 066

AUTHOR	Oetting, E. R.; And Others
TITLE	Drug Use Among Native American Youth: Summary of Findings (1975-1981).
INSTITUTION	Colorado State Univ., Ft. Collins. Western Behavioral Studies.
SPONS AGENCY	National Inst. on Drug Abuse (DHHS/PHS), Rockville, Md.
PUB DATE	[82]
GRANT	5-R01-DA-01853
NOTE	133p.; For related document, see ED 196 631.
AVAILABLE FROM	Western Behavioral Studies, C78 Clark Bldg., Colorado State University, Ft. Collins, CO 80523 ($5.00; $45.00 for 10).
PUB TYPE	Reports - Research/Technical (143) -- Statistical Data (110)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	Adjustment (to Environment); Adolescents; American Indian Culture; American Indians; *Comparative Analysis; Cultural Influences; Drinking; *Drug Abuse; *Drug Use; Elementary Secondary Education; Family Influence; Marihuana; National Surveys; Peer Influence; *Reservation American Indians; Secondary School Students; Sedatives; Sex Differences; Smoking; Student Attitudes; *Youth
IDENTIFIERS	Inhalants

ABSTRACT

Drug use among 4-6 and 7-12 grade American Indian youth attending reservation schools was studied utilizing anonymous self-report surveys administered in class by non-school personnel. The children's survey asked about use of alcohol, marijuana, inhalants, and pills. The adolescent survey included these drugs plus eight other commonly abused drugs. Information was obtained on lifetime and current use, intensity and patterns of use, and correlates of drug use (e.g., demographics, attitudes toward drugs and the future, peer and family influence, general deviance, cultural identification, school adjustment, and personal adustment). Clustered into 3 separate periods to allow examination of drug use over time, data were collected on over 9,000 Indian students. A national household survey of 12-17, 18-26, and 26 year olds and above, a school-based national survey of high school seniors, and a city survey of non-Indian students in a community of about 70,000 peoople were used for comparison purposes. Findings included: Indian adolescents in grades 7-12 had a higher exposure level to every drug included in the survey; inhalants were tried more often by Indian young people; Indian children appeared to start use of marijuana and inhalants at a young age, and identification with Indian culture provided some protection against the more serious types of drug involvement. (NQA)

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Summary of Findings (1975-1981)

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DRUG USE AMONG NATIVE AMERICAN YOUTH:

SUMMARY OF FINDINGS (1975-1981)

by

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This publication was prepared by the staff of Western Behavioral Studies, Colorado State University, under Research Grant No. 5 R01 DA 01853 (Principal Investigators: Drs. E. R. Oetting and George S. Goldstein), from the National Institute on Drug Abuse.

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Table of Contents

	Page
List of Tables	iv
List of Figures	vi
Summary of Key Findings	1
Introduction	5
Drug Use Among Native American Adolescents (1980-81)	13
Lifetime Prevalence, 7th-12th Grade	14
Lifetime Prevalence, Seniors	16
Recent Drug Use, 7th-12th Grade	18
Recent Drug Use, Seniors	20
Drug Use Types	22
Drug Use by Grade	28
Drug Use by Sex	30
Smoking and Drug Use	32
Drugs and the Indian Way	35
Cultural Identification and Drug Use	36
A Note on Peyote Use	39
Acquisition of Drug Exposure by Indian Youth	41
Trends in Drug Use of Native American Adolescents (1975-1981)	51
Trends in Lifetime Prevalence	52
Trends in Recent Use	56
Trends in Drug Use Types	58
Drug Use by Young Children	61
Lifetime Prevalence	62
Drug Use Types	64
Trends in Lifetime Prevalence	68
Trends in Drug Use Types	68
Appendix A:	
Scoring for Drug Involvement and Classification into Drug Use Types	71
Appendix B:	
Item Clusters for Assessing Correlates of Drug Use from the Adolescent Drug Use Survey	93
Project Publications	123

LIST OF TABLES

Tables		Page
I.	Sex and Age Distribution of the Indian and Comparison Sample	11
A1.	Lifetime Prevalence for 7th-12th Grade Indian and Non-Indian Youth (1980-81)	15
A2.	Lifetime Prevalence for 7th-12th Grade Indian and Non-Indian High School Seniors (1980-81)	17
A3.	Extent of Recent Drug Use by 7th-12th Grade Native American and Non-Indian Youth	19
A4.	Extent of Recent Drug Use by Native American and Non-Indian High School Seniors	21
A5.	Percent of Indian and Non-Indian 7th-12th Grade Students in Each of the Drug Use Types (1980-81)	25
A6.	Percentage of Native American Adolescents Reporting Having Tried a Drug by Grade (1980-81)	29
A7.	Percent of Native American Adolescents Who Have Ever Tried Drugs by Sex, Grades 7-12 (1980-81)	31
A8.	Percent of Native American Adolescents in Each Drug Use Type by Sex, Grades 7-12 (1980-81)	31
A9.	Cigarette Use by Drug Use Type Among Indian Youth, 7th-12th Grade	33
B1.	Cultural Identification and Indian Children's Drug Use (Grades 4-6)	39
D1.	Trends in Recent Use of Drugs: 7th-12th Grade Indian Youth	57
D2.	The Percent of Students in Each Drug Use Group by Sex for Three Time Periods	59
E1.	Lifetime Prevalence of Drug Use Among Young Native Americans: 4th-6th Grades (1980-81)	63
E2.	Percent of 4th-6th Grade Indian Children in Each Drug Use Group by Sex (1980-81)	65
E3.	Percent of 4th-6th Grade Children Having Ever Used Drugs During Two Time Periods	69

LIST OF TABLES

(Continued)

Tables		Page
E4.	Percent of 4th-6th Grade Children in Each Drug Use Type for Two Time Periods	69
F1.	Scoring of Items for Assessing Involvement with Individual Drugs: Adolescent Survey	75
F2.	Drug Use Styles and Scoring Criteria for Assigning to Styles: Adolescent Survey	83
F3.	Percent of Indian Youth in Each Drug Use Style, Grades 7-12 (1980-81)	85
F4.	Scoring of Items for Assessing Involvement with Individual Drugs: Children's Survey	86
F5.	Drug Use Styles and Scoring Criteria for Assigning to Styles: Children's Survey	90
F6.	Percent of Indian Children in Each Children's Drug Use Style, Grades 4-6 (1980-81)	91
G1.	Items and Item Clusters from the Adolescent Survey (Grades 7-12)	95

LIST OF FIGURES

Figure		Page
C1.	Acquisition Curves for Alcohol, Marijuana and Inhalants for 9th and 10th Grade Indian Students Surveyed in 1980-81	43
C2.	Acquisition Curves for Alcohol, Marijuana and Inhalants for 9th and 10th Grade Non-Indian Students Surveyed in 1981	49
D1.	Lifetime Prevalence of Most Commonly Used Drugs Among Indian Adolescents at Three Points in Time .	53
D2.	Lifetime Prevalence of Less Commonly Used Drugs Among Indian Adolescents at Three Points in Time .	55

When Western Behavioral Studies first began to work with Indian tribes, nearly 15 years ago, using the term "Indian" was considered somewhat derogatory -- as though it were a slang term. The term "Native American" was then considered to be polite. Now that is again changing. As Bea Medicine states:

> Native American, the most recent gloss for North American aborigines, is now in disfavor with many tribal groups and individuals. Recent Congressional hearings around the country have resulted in a "Definition of Indian Study" (National Tribal Chairmen's Association Education Components Newsletter, June 1980), which will further cloud the issue. The powerful National Congress of American Indians entertained a resolution opposing the use of the term (1978). Throughout the history of Indian-White relations, such terms as Amerindian, Indian-American, First American, etc., have been stylish.

There is no complete agreement on an appropriate term. Throughout this report, therefore, the terms Indian and Native American are used synonymously. They are intended as respectful descriptive terms and are not meant to have any derogatory connotations.

SUMMARY OF KEY FINDINGS

The following results are based on a series of surveys administered to young Native Americans. The findings pertain only to Indian youth attending reservation schools. Urban Indian youth have not been studied. Caution should be used in generalizing to locations that were not surveyed since drug use levels at specific schools may differ somewhat from those reported here. Survey results, however, have been quite consistent across tribes and schools, suggesting that similar findings would be likely to occur at most reservation schools.

- *INDIAN ADOLESCENTS IN GRADES 7-12 HAVE A HIGHER LEVEL OF EXPOSURE TO EVERY DRUG THAT WAS INCLUDED IN THE SURVEY.*

- *THE GREATEST DIFFERENCES BETWEEN INDIAN AND NON-INDIAN YOUTH LIE IN THE USE OF MARIJUANA.*

  --75% of Indian adolescents beyond the 6th grade have tried marijuana compared with 30% of non-Indian youth.

  --60% of Indian adolescents have used marijuana in the last 2 months (81% of those who have tried it) compared with 21% of non-Indian youth (57% of those who have tried it).

  --13% of Indian adolescents use marijuana daily compared with 3% of non-Indian youth.

  --More than one out of every five Indian high school seniors uses marijuana daily compared with 7% of non-Indian seniors.

- *INHALANTS ARE TRIED MORE OFTEN BY INDIAN YOUNG PEOPLE.*

  --30% of Indian adolescents have tried inhalants compared with 10% of non-Indian youth.

  --13% of Indian high school seniors have used inhalants in the last 2 months compared with 2% of non-Indian seniors.

- *INDIAN CHILDREN APPEAR TO START USE OF MARIJUANA AND INHALANTS AT A YOUNG AGE.*

  --Drug use is already well-established among Indian 4th-6th grade students. 26% have tried marijuana and 19% have tried inhalants.

  --About one out of five Indian boys in the 4th-6th grades have tried inhalants, one in four have tried marijuana.

  --The age of exposure, when peer-group pressures may begin to rapidly increase marijuana experimentation, occurs at about 9.5 years for Indian children and 11.5 years for non-Indian children.

- *INDIAN YOUTH USE ALCOHOL MORE HEAVILY THAN NON-INDIAN ADOLESCENTS.*

  --By the time they are seniors, more than 90% of both Indian and non-Indian youth have tried alcohol.

  --However, 47% of Indian seniors have gotten drunk during the last 2 months compared with 27% of non-Indian seniors.

  --35% of Indian youth in the 7th-12th grades have been drunk in the last 2 months compared with 21% of non-Indian youth.

- *VERY YOUNG NON-INDIANS ARE MORE LIKELY THAN INDIAN CHILDREN TO BE GIVEN ALCOHOL.*

  --By the age of exposure, only 10% of Indian children have tried alcohol, while 22% of non-Indians have tried it.

- *INDIAN SENIORS SHOW LEVELS OF EXPOSURE TO STIMULANTS AND COCAINE ONLY SLIGHTLY HIGHER THAN THOSE OF NON-INDIAN SENIORS.*

  --39% of Indian seniors have taken stimulants compared with 32% of non-Indian seniors.

  --19% of Indian seniors and 17% of non-Indian seniors have tried cocaine.

- *SEDATIVES AND TRANQUILIZERS ARE USED LESS BY INDIAN SENIORS.*

  --12% of Indian seniors have taken sedatives compared with 16% of non-Indian seniors.

  --11% of Indian seniors have tried tranquilizers compared with 15% of non-Indian seniors.

- *INDIAN YOUTH MAY BE EXPOSED TO STIMULANTS, COCAINE, SEDATIVES AND TRANQUILIZERS AT YOUNGER AGES THAN NON-INDIAN YOUTH. WHILE INDIAN AND NON-INDIAN SENIORS SHOW RELATIVELY SMALL DIFFERENCES IN USE OF THESE DRUGS, AMONG 7TH-12TH GRADERS THERE IS CONSIDERABLY MORE USE BY INDIAN YOUTH.*

- *ONE IN 20 INDIAN ADOLESCENTS IS EXPOSED TO HEROIN COMPARED WITH ONE IN 200 FOR NON-INDIAN ADOLESCENTS.*

- *WHEN DRUG USERS ARE CLASSIFIED INTO TYPES THAT REFLECT THEIR OVERALL USE OF DRUGS, MORE INDIAN YOUTH ARE PLACED IN TYPES THAT HAVE SERIOUS DRUG INVOLVEMENT.*

  --59% of Indian young people in the 7th-12th grades are classified as drug involved to some extent compared with 22% of non-Indian youth.

--9%, or nearly twice as many Indian as non-Indian youth, are classified as regular users of multiple drugs and fall into the polydrug use type.

--More than a third of Indian youth are classified as marijuana users, using marijuana and alcohol regularly, but no other drugs. Only 5% of non-Indian youth fall into this group.

- *INDIAN YOUTH ARE MORE LIKELY TO HAVE TRIED AND TO CONTINUE TO USE CIGARETTES.*

- *AMONG BOTH INDIAN AND NON-INDIAN YOUTH SMOKING IS RELATED TO DRUG AND ALCOHOL USE. THE HEAVIER THE DRUG AND ALCOHOL USE, THE MORE LIKELY THE YOUNG PERSON IS TO SMOKE. SOME OF THOSE WHO AVOID DRUGS AND ALCOHOL MAY TRY CIGARETTES, BUT RARELY CONTINUE TO SMOKE.*

- *DRUG USE HAS INCREASED STEADILY AMONG INDIAN YOUTH SINCE 1975. MUCH OF THIS INCREASE HAS OCCURED DURING RECENT YEARS.*

  --Except for sedatives and hallucinogens, lifetime prevalence increased from 1975 to 1977-78, and increased further between then and 1980-81.

  --The ratio of current users to the number who have ever tried a drug has remained remarkably constant for some drugs, and current use of those drugs has increased proportionately to lifetime prevalence.

  --The greatest change is in the use of marijuana. Lifetime prevalence has gone from 41% in 1975 to 74% in 1980-81. During both periods, 81% of those who had tried marijuana also used it during the past 2 months.

  --Inhalant exposure has nearly doubled since 1975, but the number who continue to use inhalants after trying them has not increased.

  --The percent of young people in the most serious drug use types has also increased during this time

  --Trends in 4th-6th grade students show increasing drug use among very young children as well.

- *A WIDE VARIETY OF PERSONAL AND SOCIAL CHARACTERISTICS CAN BE SHOWN TO RELATE TO DRUG USE AMONG YOUNG NATIVE AMERICANS.* *(Part II of this report will be completed during the next year and will examine the correlates of drug use among Indian youth in detail.)*

- *IDENTIFICATION WITH INDIAN CULTURE PROVIDES SOME PROTECTION AGAINST THE MORE SERIOUS TYPES OF DRUG INVOLVEMENT.*

  --Among older Indian youth, the extent of drug involvement is negatively related to identification with the Indian way.

  --Younger children who are bi-cultural, those identified with both the Indian and the non-Indian way, show the lowest use of drugs and alcohol.

  --Children identified solely with the Indian way also show low involvement with drugs, but may have a slightly higher use of alcohol.

INTRODUCTION

In 1973 and 1974 there were regular anecdotal reports indicating that drug use was becoming a problem among young Indians living on reservations. There were also a few local studies that showed significant levels of drug use by Native American children, but no reliable, broadly-based, data were available on actual drug use among Indian youth. Beginning in 1975, the National Institute on Drug Abuse provided funding so that the staff of Western Behavioral Studies at Colorado State University could develop ways for assessing the extent of drug use among Native American youth. Since then a series of projects has tracked the epidemiology of drug use. This volume combines results from previous reports on epidemiology with the most recent findings and summarizes the present state of knowledge about the extent of drug use of Native American youth.

Most of the data presented are self-evident, factual information. Occasionally, however, the interpretation of results would not be clear without some discussion or speculation. In those instances the conclusions and hypotheses are those of the authors and do not represent those of NIDA or of the U. S. Government.

The single conclusion that best characterizes this report is that drug involvement among Indian youth is very high, particularly for marijuana, but also for alcohol, inhalants, and stimulants. It should be made very clear that being Indian does not lead to abuse of drugs or alcohol. However, being Indian in American society may have a bearing on these high rates of drug and alcohol use. Indian people are subject to many pressures, both current and historical, which may set the stage for chemical abuse -- poverty, prejudice, and political wardship are among those pressures.

This volume is Part One of the final report of the most recent project. It covers epidemiology of drug use by young Native Americans. A second report to be completed during the next year will discuss the correlates of drug use among Native American youth. Part One does include one section on correlates of use -- the section on Drugs and the Indian Way. That section is provided to counter any belief that traditional Indian culture may encourage drug use. It will show, in fact, that identification with Indian culture may provide some protection against being involved in the most serious types of drug use.

Scientists or policy makers seeking more detailed information may request copies of prior reports and reprints of articles from Western Behavioral Studies. Because some tribes have encountered negative stereotypes as a result of release of survey data, there is an agreement with cooperating tribes and schools that data about individual locations will not be released without specific permission. Alternatively, scientists or policy

makers may discuss their interest with us and we will ask tribes for approval of release of the specific information that is needed. For purposes of this report, only aggregate data will be presented.

Method

The data for this project were gathered through self-report surveys administered in class to school-aged young people. The surveys were anonymous and administered by non-school personnel to further assure that individual responses could not be seen by school staff. Once surveys were completed they were immediately sent to Western Behavioral Studies for coding, data processing and analysis. While the purpose of the project has primarily been basic research, there has been a strong commitment to providing each field site with useful data. Therefore, each participating school or community receives a detailed report on their results. The results are presented in a way that makes them immediately usable for needs assessment, program development and evaluation of intervention efforts.

Two similar survey forms are used, one for 4th-6th graders and a slightly longer one for 7th-12th graders. The children's survey asks about use of alcohol, marijuana, inhalants and pills. The adolescent survey includes the above drugs plus eight other drugs that are commonly abused. Lifetime use, current use, intensity of use and patterns of use are asked about. In addition, each survey has sections on correlates of drug use including demographics, attitudes toward drugs, peer and family influence, general deviance, cultural identification, school adjustment, personal adjustment, and attitudes toward the future. Most items are multiple choice with very few requiring written responses.

Reliability

Evidence for the reliability of the survey comes from a number of sources, some statistical and others based on item content and structure.

Over the course of the project each survey has been cluster analyzed several times. Each analysis has led to improvements in both the survey items and the overall cohesiveness of the survey based on the cluster structure. The use of each drug is measured, for example, by a cluster of from two to four items with cluster reliabilities of .79 to .95.

Sometimes students misrepresent their level of drug use. At the end of the survey students are asked how honest they were in reporting their use. They can check a) I was very honest, b) I use more than I said I did, c) I use less than I said I did. Generally, about 92% of the students report being very honest with the remainder

usually equally split between exaggerating and minimizing use. Another method for detecting exaggeration is by asking about use of a fake drug. Usually a low percent (around 3%) of students indicate use of this drug. Some of those who say they use the fake drug may actually believe that they have and are not exaggerating. A scoring system that examines unusual responses is used to eliminate students who show a characteristic pattern of exaggerated responses.

Finally, since each drug is asked about several times, each in a slightly different way, it is possible to detect students responding inconsistently to the survey. They may intentionally be giving false information or they may be just responding randomly. The total percent of surveys eliminated for any of these reasons has never been more than 6%. The young people as a group have been very cooperative and honest in reporting their drug use.

In summary, there is some distortion in the data collected, but it appears to be minimal and the most serious errors are eliminated from the data pool.

Survey Sample

Since the project began, data have been collected on over 9,000 Indian young people. These cluster into roughly three separate periods which allow examination of drug use over time with fairly large samples. A random or stratified sampling of students within tribes is not feasible because of the political structure and geographic distribution of tribes. In each round of surveying, therefore, tribes are selected that are representative of a broad geographic area and different levels of isolation. An attempt is made to select tribes that the project staff consultants feel would give a good cross section of Indian life. Research is limited, however, to reservation areas. Assessing drug and alcohol use among urban Indians is beyond the scope of this project.

The final sample consists of all students attending school on the day the survey is administered. Occasionally it is possible to survey absentees at a later time. An attempt is made to survey all schools on each reservation, although because of jurisdictional problems this is sometimes not possible.

The major limitation in the sample is a lack of data on school dropouts and absentees. In other populations these two groups have been shown to have higher drug and alcohol use rates. Since the dropout and absentee rates are very high in most reservation areas, school surveying may miss many of the heavier drug users. The data in this report, therefore, probably provide a consistent underestimate of drug and alcohol use among school aged Indians. Despite that possible underestimation, drug use rates are exceptionally high, far higher than those found in non-Indian youth. This source of bias would not therefore alter the general conclusions, it would

only suggest that the overall problem may be even greater than that reported here.

Would drug use among young people in a tribe that has not been surveyed be similar to that reported here? There is enough variability in drug use across tribes so that somewhat different results might be obtained in tribes that have not been surveyed. A tribe or a school that is isolated may have slightly lower levels of drug use, although experience suggests that drug use in such tribes is only temporarily lower. A tribe that is experiencing severe unemployment problems or a great deal of internal strife may have higher levels of use. In general, however, even widely separated locations that are surveyed at about the same point in time tend to show remarkably similar levels of drug involvement, particularly for the drugs used more frequently by Indian youth, alcohol, marijuana, and inhalants. The overall results, averaged over several tribes, appear to provide a reasonably accurate estimate of drug use by all reservation youth, and differences in unsurveyed tribes would be expected to be within the range of variability about that estimate, a range that is not very large.

Comparison Groups

Drug use rates for Indian young people are best understood in light of normative data. Ideally, one set of data should be available against which comparisons can be made. While this ideal does not exist, it is possible to use several comparison groups, each with certain advantages.

National Household Survey

Periodically, the National Institute on Drug Abuse sponsors a national survey in which interviewers personally contact a random sample of households. The sample is stratified, among other parameters, by three age groups: 12-17, 18-26 and 26 year olds and above.

The Household Survey measures a slightly different population than school based surveys -- school dropout and absentees are more likely to be included. Since there is consensus that the latter two groups may use more drugs there could be a bias toward higher use than found on school based surveys. Countering this bias is a probable underreporting of drug use since an interviewer is used rather than an anonymous paper and pencil survey. Some young people might feel less willing to reveal their drug taking behavior in a face to face interview. These two biases may cancel one another out to some extent.

A direct comparison between the Indian data and the National

Household survey is further complicated by the age groupings that are reported. The Indian data include a few eleven year olds and quite a few 18 year olds while the Household Survey reports use for 12-17 year olds. Despite the limitations, the National Household Survey provides the only reasonable national comparison group for the 7th-12th grade Indian sample.

The National Household Survey data used in this report were taken from:

> National Survey on Drug Abuse: Main Findings, 1979. By Patricia M. Fishburne and Ira Cisin. The National Institute on Drug Abuse, Rockville, Maryland.

The interviews cover a wide range of drug use and of behaviors and attitudes correlated with drug use.

National Senior Survey

The most direct comparison of Native American drug use data with a national, normative sample is with the annual National Senior Survey sponsored by NIDA and conducted by the Institute for Social Research at the University of Michigan. This is more comparable to the Indian data since it is a school based survey in which an anonymous, self report instrument is used.

The high dropout rate in many reservation schools may introduce some problems. It would be technically correct to say that both surveys accurately measure drug use among school seniors. However, the high dropout rate on reservations makes the school survey less representative of all Indian adolescents in the community who are of senior age. The National Senior data are from:

> Highlights From: Student Drug Use in America: 1975-1981. By Lloyd Johnston, Jerald Bachman and Patrick O'Malley. The National Institute on Drug Abuse, Rockville, Maryland.

City Survey

Many of the items on the Indian survey have been developed by Western Behavioral Studies to allow in-depth assessment of current use and classification of individuals according to their overall pattern of drug use. Because many of these items do not occur on either of the national surveys it is not possible to compare the different drug use types with national data. This is a real handicap since the types are so valuable in describing how different parts of the population actually use drugs. To provide a partial remedy, the Indian survey has been slightly modified (the Indian cultural

items were removed) and administered to non-Indian students in a community of about 70,000 people. The lifetime prevalence of drug use for high school seniors in this community has been shown to be similar to the national averages. Thus it can be assumed that the drug use types would at least approximate what might be found nationally. Another place in which comparable national data are lacking is on some of the questions regarding the amount of recent use of drugs. Here again, the community data will be relied upon to make comparisons with Indian data.

Sex and Age Distributions for the Comparison Groups

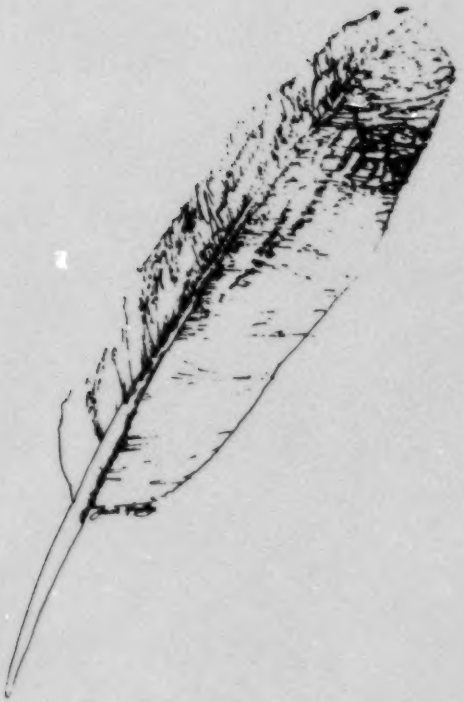
Table I is a tabulation of the sex and age characteristics of the three comparison groups. There are some differences among these parameters, although it does not appear that they are large enough to make the comparisons suspect. As will be seen in the report, the actual differences between the drug use rates of Indians and non-Indians are too large to be accounted for by the minor sample discrepancies found in Table I.

Table I

Sex and Age Distribution of the

Indian and Comparison Samples

		Sex		Age			
	N	M	F	12-13	14-15	16-17	18+
National Household	2165	52.1%	47.9%	31.0%	33.3%	35.7%	0
National Seniors	18267	48.6%	51.4%			-- (100%)	
City Adolescents	2017	52.3%	47.7%	31.7%	39.9%	24.9%	4.3%
City Seniors	232	53.2%	46.8%			-- (100%)	
Indian Adolescents	2080	51.3%	48.7%	33.1%	35.9%	24.9%	6.0%
Indian Seniors	213	57.7%	42.3%			-- (100%)	



DRUG USE AMONG NATIVE AMERICAN ADOLESCENTS (1980-81)

This section summarizes the drug use of Native American adolescents living on reservations who were in the 7th through 12th grades in 1980 and 1981. The first tables (A1 and A2) are concerned with lifetime prevalence, the percent of the group who have tried the drug. Lifetime prevalence is the most frequently reported statistic on drug use and therefore provides the best basis of comparison across surveys.

The second set of tables (A3 and A4) present data on how often selected drugs were used during the period just before the survey was administered. It indicates how often current users are taking a drug, and, when compared with lifetime prevalence, how many of those who try a drug are continuing to use it.

The next table (A5) shows the percent of young Indians who fall into each of eight major drug use types. The drug use types identify groups of young people who use drugs in about the same way. Types summarize drug involvement better than other methods because classification into a type includes data on what drugs are being used, how often they are used, self-identification as a drug user, and to some extent how the drugs are used.

The following tables in this section (A6 through A8) chart lifetime prevalence by grade and by sex. A final Table (A9) shows the relationship between smoking and drug use patterns.

Lifetime Prevalence for Indian
Adolescents (Grades 7-12)

Table A1 shows the percent of Indian young people from the 7th through the 12th grades who have tried each drug. Two comparisons are also provided. One column presents the data from the 1979 National Household survey for non-Indian youth who are in a similar age group. The other column is a synthetic estimate of the probable results of a household survey if one had been administered in 1980-1981. It uses trends in the national senior survey from 1979 to 1981 to correct the 1979 National Household results by the same proportion.

Indian youth have a higher level of exposure to every drug that was included in the survey. The differences range from only slightly higher percentages of Indian young people who have tried hallucinogens and tranquilizers to very large differences. Heroin, for example, is not tried by very many young people, but one out of twenty Indian children have tried it compared with one out of two hundred non-Indian children. Three times more Indian children have tried inhalants.

The largest difference in the two populations, however, is for marijuana. Except for alcohol, it is the drug that young people are most likely to try and among non-Indian youth, 30% have tried it. But three-fourths of Indian youth beyond the age of twelve have tried marijuana. More Indian young people have tried marijuana than have tried cigarettes.

Table A1

Lifetime Prevalence for 7th-12th Grade Indian and Non-Indian Youth (1980-81)

	1980-81 Indian Adolescents	1979 Non-Indian Household Sample	Estimated 1980-81 Household Sample
Alcohol	85.6%	70.3%	70.2%
Marijuana	74.2%	30.9%	30.6%
Cigarettes	69.4%	54.1%	51.9%
Inhalants	30.0%	9.8%	9.3%
Stimulants	24.1%	3.4%	4.0%
Cocaine	11.6%	5.4%	5.6%
Sedatives	9.4%	3.2%	3.4%
Hallucinogens	8.9%	7.1%	6.7%
Tranquilizers	6.2%	4.1%	3.8%
Heroin	4.8%	0.5%	0.5%

Lifetime Prevalence of Indian High School Seniors

Table A2 provides another comparison of lifetime prevalence, one between Indian and non-Indian high school seniors. Several trends are evident in the table. For many of the drugs the Indian seniors have a higher rate of exposure. This discrepancy is very large for marijuana and for inhalants with Indian youth having a much higher rate. While only a small number of youth take heroin and PCP, both are very dangerous drugs, and both have been tried more often by Indian seniors. The exception to higher use rates for Indians occurs among the group of drugs which are considered to be "downers". These include barbiturates and quaaludes. Tranquilizers, while sometimes not listed as "downers", may have similar effects in reducing physiological and emotional activation. For some reason, "downers" are less preferred drugs for Indian youth.

Both Tables A1 and A2 compare samples of Indian and non-Indian youth. Except for marijuana and inhalants, Table A2 suggests that Indian young people have levels of drug exposure that are similar or only slightly above those of non-Indians. Table A1, by contrast, suggests much higher levels of involvement for nearly all drugs by Indian youth.

There are two considerations that may explain this apparent contradiction. First, drug exposure tends to occur at earlier ages for Indian youth. Table A1 compares groups that have a much lower mean age, therefore, because of earlier drug use by Indians, the contrast between Indian and non-Indian youth is greater. Second, drug use by Indian high school seniors probably considerably underestimates actual drug use of that age group. Both of the senior surveys are likely to underestimate drug use to some extent because young people who drop out of school are more likely to use drugs. But the dropout rate for Indian adolescents is much higher than that for non-Indians, so the underestimation is likely to be greater for the Indian sample.

The overall results are clear. Indian youth have a much higher level of exposure to drugs in general with a particularly high level of involvement with inhalants and marijuana.

Table A2

Lifetime Prevalence for Indian

Non-Indian High School Seniors (1980-81)

	1980-81 Indian	National 1981 Non-Indian
Alcohol	95.3%	92.6%
Marijuana	88.0%	59.5%
Cigaretces	72.3%	71.0%
Inhalants	34.4%	12.3%
Stimulants	38.5%	32.2%
Cocaine	19.4%	16.5%
Sedatives	12.0%	16.0%
Hallucinogens	19.1%	13.3%
Tranquilizers	11.0%	14.7%
PCP	10.2%	7.8%
Heroin	2.4%	1.1%

Recent Drug Use: 7th-12th Grade

Lifetime prevalence figures in the previous tables show how many young people have tried a drug, but not whether they are continuing to use the drug nor how often they use it. Table A3 shows the extent of recent drug use among 7th-12th grade youth for selected drugs. The non-Indian data were taken from the City Survey. Questions on recent use were included on the survey only for those drugs where the rate of recent use proved to be a key question in assessing the level of overall involvement with the drug, so recent use data are not available for all drugs.

The ratio between the number of young people who have tried a drug and the number who have used it recently is an indication of how many merely experiment with a drug and how many continue to use it. A certain proportion of recent users would be those who just tried a drug for the first time, but other light users of the drug may be continuing its use even though they did not happen to use it in the last two months. The estimate, therefore, should be reasonably accurate.

This ratio is similar in Indian and non-Indian youth for inhalants, stimulants and sedatives. Despite the different levels of exposure to these drugs in the two groups, Indian youth are not only more likely to try these drugs, but more Indian youth are also continuing to use them.

There is a major difference between Indian and non-Indian youth in the recent use of marijuana. Among non-Indian youth, only slightly more than a third have tried marijuana, and 57% of the one-third who have tried it have used it recently. Among Indian youth, 74% have tried marijuana, and 81% of them have used it recently. Marijuana is not only being tried far more often by Indian youth, but a very high proportion of those who try it continue to use it. The daily use figures reflect this same difference. Less than 3% of non-Indian youth from the 7th-12th grades use marijuana daily, while 13% of Indians use it daily.

Table A3

Extent of Recent Drug Use by 7th-12th Grade

Native American and Non-Indian Youth

Indian Youth (1980-1981)

	% Tried	% Used Recently	How Often in Last Two Months: Daily	10+ (not daily)	3-9 times	1-2 times
Marijuana	74.2%	59.8%	13.4%	6.7%	18.4%	21.3%
Inhalants	30.0%	7.1%	0.5%	0.6%	1.4%	4.6%
Stimulants	24.1%	12.7%	0.6%	0.1%	2.3%	9.7%
Sedatives	9.4%	5.6%	0.4%	0.4%	0.7%	4.1%
Alcohol	85.6%					
Get High		42.2%		3.4%	11.0%	27.8%
Get Drunk		34.8%		2.0%	7.2%	25.6%

Non-Indian Youth (1981)
City Survey

	% Tried	% Used Recently	How Often in Last Two Months: Daily	10+ (not daily)	3-9 times	1-2 times
Marijuana	37.2%	21.1%	2.6%	3.9%	6.0%	8.6%
Inhalants	12.3%	4.6%	0.3%	0.3%	0.7%	3.3%
Stimulants	20.1%	11.6%	0.9%	1.0%	3.0%	6.7%
Sedatives	7.8%	4.7%	0.3%	0.3%	0.7%	3.5%
Alcohol	92.4%					
Get High		26.6%		4.0%	9.7%	12.9%
Get Drunk		21.3%		1.4%	5.9%	14.0%

Recent Drug Use: Seniors

Table A4 shows the recent use of selected drugs by Indian and non-Indian high school seniors. Despite the possible underestimation due to the dropout rate, recent use of several drugs is much higher among Indian seniors.

The differences in use of stimulants and sedatives are not great, although the proportion of daily users of stimulants is higher among Indian seniors, with nearly a third having tried inhalants. A significant number of these seniors have also used inhalants recently, showing that inhalant use is not limited only to younger populations.

The comparison for recent alcohol use illustrates why figures on lifetime prevalence do not provide a full picture of drug involvement. By the time both of these groups, the Indians and the non-Indians, are seniors, a very high proportion of both groups have tried alcohol; such a large proportion that the difference between Indian and non-Indian seniors is minimal. The proportion who have gotten high or drunk during the last two months, however, is quite different. Only 45% of non-Indian seniors have used enough alcohol to get high, while 67% of Indian seniors have done so. Only about a fourth of the non-Indian seniors got drunk enough to stagger, fall, or black out, while 46% of Indian seniors have been this drunk.

The greatest contrast in the ratio between those who have tried the drug and those who used it recently is for marijuana. Only slightly more than half of the non-Indian seniors who tried marijuana have used it recently. There is also a great contrast in the proportion of daily users. 6.5% of non-Indian seniors are daily users. This is very close to the figure obtained by the national senior survey, where 7% are daily marijuana users. But 23.4% of Indian seniors are daily users of marijuana. Since marijuana is retained in the body for considerable lengths of time, more than one out of every five Indian seniors is constantly under the influence of the drug.

Table A4

Extent of Recent Drug Use by Native American

and Non-Indian High School Seniors

Indian Seniors
(1980-1981)

	% Tried	% Used Recently (last 2 mo)	How Often in Last Two Months: Daily	10+ (not daily)	3-9 times	1-2 times
Marijuana	88.0%	73.7%	23.4%	7.2%	23.4%	18.7%
Inhalants	34.4%	12.6%	0.5%	--	10.8%	1.4%
Stimulants	38.5%	18.1%	0.5%	0.5%	3.0%	14.1%
Sedatives	12.0%	7.8%	0.5%	0.5%	1.0%	6.3%
Alcohol	95.3%					
Get High		66.9%	--	7.6%	15.2%	44.1%
Get Drunk		46.2%	--	2.4%	10.8%	33.0%

Non-Indian Seniors (1981)
City Sample

	% Tried	% Used Recently (last 2 mo)	How Often in Last Two Months: Daily	10+ (not daily)	3-9 times	1-2 times
Marijuana	59.1%	32.3%	6.5%	7.7%	5.2%	12.9%
Inhalants	7.0%	2.1%	0.4%	--	1.3%	0.4%
Stimulants	30.6%	20.0%	2.6%	0.9%	6.5%	10.0%
Sedatives	10.3%	5.2%	--	0.9%	0.4%	3.9%
Alcohol	90.9%					
Get High		45.3%	--	12.1%	15.5%	17.7%
Get Drunk		27.2%	--	2.2%	9.1%	15.9%

Drug Use Types

While lifetime prevalence and current use tables show how much a group has been exposed to a drug, they do not describe how individual adolescents are using drugs. People who use drugs rarely use just one drug, nor does everyone use the same drug in the same way.

A classification system was constructed so that adolescents could be assigned to a group, all of whose members have a similar pattern of drug involvement. The system consists of 24 specific styles that can be grouped into eight major types. The relationship of the styles and types is presented in Table F3, Appendix A.

Within each of the styles young people are using the same kinds of drugs and are using them in about the same way. In fact, many of the people within a group are using drugs together -- they form not only a drug use group, but a social group as well, and for many of these groups the drug use they are involved in is an integral part of their overall lifestyle. These basic groups have, therefore, been labelled styles. After excluding inconsistent responders, every person can be classified into a drug use style. While every style shows a distinctive involvement with drugs, the hierarchy was constructed so that nearby styles have common elements. It is, therefore, possible to group the 24 styles into eight types of drug users. A general description of the eight types appears on page 26.

The descriptive value of using the classification system is illustrated in the following example.

Ordinarily marijuana users would be classified as one type of drug user. However, a person is classified into a drug use style based on his or her overall involvement with drugs. People in the following styles have all used marijuana, but their use is very different and, in fact, each style ends up in an entirely different drug use type.

Style 1.	Heavy Polydrug	Is presently using marijuana heavily, and is also using both uppers and downers fairly frequently. Is likely to be occasionally using inhalants or hallucinogens as well.
Style 5.	Marijuana and Cocaine	Is using marijuana regularly and taking cocaine occasionally. May also use amphetamines, but is not currently involved with other types of drugs.
Style 14.	Marijuana and Alcohol	Is using marijuana most weekends and is also occasionally using enough alcohol to get drunk. May have tried other drugs, but is not using them now.

Style 21.	Marijuana Experimenter	Has tried marijuana, but has tried no other drug except alcohol, and is not currently using marijuana.

All of these adolescents have tried marijuana, and if we look only at the lifetime prevalence statistic ("ever used"), they are all lumped together. However, drugs play very different roles in the lives of these different styles of users.

For Style 21, the Marijuana Experimenter, drugs probably play a minimal role in overall lifestyle. Members of Style 21 are essentially "straight" people, even though curiosity or social pressure or some other need led them to try the drug.

Style 1, the Heavy Polydrug group, on the other hand, are involved so much with drugs that drug use is probably the single central factor in determining their lifestyle. They are not necessarily physiologically addicted, although many are in danger. There is some psychological addiction, at least to marijuana -- many of them clearly feel uncomfortable unless using it daily. It is, however, probably more accurate to consider them socially addicted. Their lives center around drugs and around drug using friends. They are not just using a specific drug that makes them feel better, they are using drugs that have very different physiological effects -- the goal is being drugged, not feeling a particular way. A major activity is simply getting high, and nearly all of their other activities also involve getting high, so they are spending a good portion of their lives on drugs.

This example focused on how marijuana use relates to drug use style. The 24 style classification system treats all other drugs similarly and thus likenesses and differences in overall drug use patterns are easily discernible.

Types: 7th-12th Grade

Table A5 compares the percentage of each type in the 1980-1981 Native American sample with a sample of non-Indian 7th through 12th grade students from the City Survey. There are major differences between the percentages of Indian and non-Indian youth in the drug use types. Lifetime prevalence and current use statistics presented in the previous sections showed that Indian youth were experimenting with drugs at a much higher rate. The data on types of drug users show that they are doing more than experimenting -- a very high proportion of Indian adolescents are continuing to use drugs, many quite heavily. The first four types in the table, types A through D, are all drug involved. Adolescents who fall into these types are taking one or more drugs other than alcohol, and are using at least one drug on a continuing regular basis. Summing across these types, 59.3% of Indian youth are involved with drugs. By contrast, only 22.4% of non-Indian youth are drug involved.

Much, but not all, of this difference can be attributed to marijuana use. The biggest difference between Indian and non-Indian youth is in the number who fall into the marijuana users type. These are young people who use marijuana and usually use alcohol, but who do not use other drugs. More than a third of Indian youth fall into this group. But there are differences in the numbers found in the other types too -- the most notable being the higher proportion of polydrug users among Indian adolescents. These are young people who are very seriously involved with drugs. They usually use marijuana heavily, all of them take both uppers and downers, and many of them are also taking hallucinogens or using inhalants. Nearly one in ten young Indians are this seriously involved with drugs.

These findings include children beginning with the 7th grade. Many of these children are quite young, and it would be expected that large proportions of this total group would be drug free. This seems to be true among non-Indian youth. 57.2% of the total group are in the two lowest types on the hierarchy, and at the most have used a little alcohol. But only 22.3% of Indian youth beyond the 7th grade are essentially drug free.

Table A5

Percent of Indian and Non-Indian 7th-12th Grade Students in Each of the Drug Use Types: 1980-81*

	Indian Students	Non-Indian Students: City Survey
A. Polydrug Use	9.1%	5.4%
B. Stimulant Use	8.9%	6.1%
C. Periodic Drug Use	4.8%	5.7%
D. Marijuana & Alcohol Use	36.5%	5.2%
E. Heavy Alcohol Use	0.5%	0.9%
F. Experimental Drug Use	17.3%	19.4%
G. Light Alcohol Use	5.2%	10.4%
H. Negligible or No Drug Use	17.1%	46.8%

* See next page for a general description of types. See Appendix A for more detail.

Descriptions of Drug Use Types: Adolescents

Polydrug Use

The young people in this group are significantly involved with drugs. Every one of them takes multiple drugs and takes drugs that lead to different kinds of emotional and physiological effects. Many of them have experimented with very potent and sometimes very dangerous drugs. Nearly everyone in the group uses alcohol and marijuana and many members of this type use marijuana daily. Hardly a week goes by that a person belonging in this type does not use some kind of drug other than marijuana, most often cocaine or amphetamines, but occasionally downers or hallucinogens. Some will try heroin or PCP.

Stimulant Use

This group of young people use drugs fairly often. Their choice of drug seems to center mainly around those drugs that offer feelings of being charged up and active. Most members of the type use marijuana and many see themselves as heavy marijuana users. The use of downers is rare, but many of the group have tried hallucinogens. With the exception of daily marijuana users, nearly all of the drug use by this group occurs on weekends, but a weekend without drugs would be rare.

Periodic Drug Use

People in this group don't use drugs a lot but everyone in the group has taken some drug other than marijuana, has used it recently, and usually sees himself or herself as a user of that drug. A few people in the group use inhalants rather heavily, and a few have tried other drugs, but the usual pattern is a light involvement with a stimulant. Members of the group are likely to drink some alcohol most weekends, often enough to get drunk. They are likely to use marijuana most weekends and sometimes during the week. These young people are not into other drugs very heavily, but they are using them from one to three times a month, mostly on weekends.

Marijuana and Alcohol Use

This is a group of young people who use marijuana regularly. While a few of them have tried another drug at some time in the past (usually an upper or inhalant) they are not using other drugs now. Typically they use marijuana on weekends, but sometimes during the week.

The group can be split almost evenly into two subgroups that differ greatly in their alcohol use. While everyone uses some

alcohol, one subgroup uses it only moderately. Many of them got high sometime during the last two months, but none got drunk enough to stagger, fall down, or get sick. By contrast, the other half of the group uses alcohol quite heavily. Nearly everyone got high at least once, half the group were high three or more times, and three-fourths got drunk enough to stagger, fall, or get sick during the last two months. Marijuana seems to be a secondary drug for them, an adjunct to alcohol use.

Heavy Alcohol Use

The young people in this group concentrate on alcohol as their drug of choice. Many of them have tried marijuana and a few have tried other drugs, but they do not use other drugs now. They do use alcohol heavily. Most, but not all, of their drinking is of beer and most of it takes place on weekends. Nearly everyone in this group has been drunk enough to stagger, fall or get sick at least once in the last two months, and a number have been this drunk three or more times. Nearly everyone has also been, at some time in their lives, drunk enough to have blacked out. The young people in this group not only drink frequently, but they often drink excessively. (With the increase in marijuana use, very few young Indians now fall into this type. They appear instead in the marijuana and alcohol use type.)

Experimental Drug Use

These young people are not using drugs, but they have, at some time, tried a drug -- usually marijuana. A few have also tried an upper, and some have tried an inhalant, but they are no longer using any drug. Despite trying a drug, they have not gotten involved any deeper with that drug, so as a group they may have some resistance to drug involvement. The group does use alcohol to some extent. Most use is limited to weekends.

Light Alcohol Use

The young people in this group use alcohol occasionally, but have never tried any other drug. They see themselves as light to moderate drinkers. Use is mostly limited to weekends and only a few of them use enough alcohol to get high. They drink, and a few will occasionally drink excessively, but most alcohol use is light to moderate.

Negligible or No Use

Many members of this group have never even tried alcohol, or any other drug. The rest of the group have tried alcohol, but they have never used enough to get high, much less drunk, and they are not using alcohol now. The members of this group show a clear and distinct avoidance of both drugs and alcohol.

Drug Use by Grade

When lifetime prevalence is charted by grade (Table A6) there is a generally increasing rate of exposure from the 7th through the 12th grade. Among 7th grade students, the percentage having tried some drugs is already quite high. This is particularly true of alcohol, marijuana, and inhalants. These three drugs are the ones most likely to be used by younger children, so this finding is not unexpected. In addition, however, the percent of 7th graders who have already tried amphetamines, barbiturates, cocaine and even heroin, is unexpectedly high.

The increase in use of hallucinogens and tranquilizers occurs much later. They seem to be preferred by or possibly more accessible to the older students. There is an apparent drop in the use of some drugs in the junior and senior years. This decrease may be directly related to the high dropout rate in Indian schools. The seniors, for example, have the lowest rate of heroin exposure of any grade. Those students who have tried heroin may have a higher probability of dropping out. They may also attend school sporadically and are therefore less likely to have been surveyed. If all school-aged young people were surveyed, Table A6 would probably show an orderly increase of exposure to drugs by grade.

Table A6

Percentage of Native American Adolescents

Reporting Having Tried a Drug by Grade (1980-81)

	7	8	9	10	11	12
Alcohol	69.7%	79.9%	90.8%	92.6%	97.3%	95.3%
Marijuana	52.6%	63.0%	81.7%	87.7%	94.3%	88.0%
Cigarettes	62.9%	63.6%	72.2%	76.7%	74.8%	72.3%
Inhalants	26.9%	25.4%	37.7%	31.7%	32.1%	34.4%
Amphetamines	15.1%	15.8%	24.2%	31.7%	33.1%	38.5%
Cocaine	7.0%	7.9%	11.6%	14.5%	14.0%	18.3%
Sedatives	6.6%	6.5%	9.4%	10.2%	11.0%	10.6%
Hallucinogens	4.4%	5.2%	8.1%	11.4%	12.1%	19.1%
Tranquilizers	3.8%	5.2%	4.5%	5.0%	10.4%	11.0%
Heroin	4.4%	3.9%	6.9%	3.9%	5.8%	2.5%
Peyote	2.5%	1.5%	3.9%	4.4%	10.3%	8.3%

Drug Use by Sex

Tables A7 and A8 present lifetime prevalence and drug use types broken down by sex. The tables show remarkable similarity in the percent of males and females in each of the drug use types. There may be a very slight preference among drug using males for drugs that lead to mood elevation, the stimulants. The slightly higher use of hallucinogens by males would fit into this pattern if they view the distorted perceptions from hallucinogen use as exciting and stimulating, a not infrequent perception of drug users. A few more females may appear in the Marijuana User type, young people who usually use alcohol and marijuana to a considerable extent, but have little involvement with other drugs. But these differences are minor. There are no drug use types that are exclusively or even predominantly limited to one sex.

Table A7

Percent of Native American Adolescents Who Have Ever Tried Drugs by Sex, Grades 7-12 (1980-1981)

	Male	Female	Total
Alcohol	86.6%	84.6%	85.6%
Marijuana	73.9%	74.6%	74.2%
Cigarettes	62.9%	76.1%	69.4%
Inhalants	31.9%	28.1%	30.0%
Stimulants	26.6%	21.4%	24.1%
Cocaine	13.5%	9.7%	11.6%
Sedatives	10.5%	8.1%	9.4%
Hallucinogens	10.7%	7.0%	8.9%
Tranquilizers	5.9%	6.6%	6.2%
PCP	8.2%	7.1%	7.7%
Heroin	4.7%	4.9%	4.8%

Table A8

Percent of Native American Adolescents in Each Drug Use Type by Sex, Grades 7-12 (1980-81)

	Male	Female	Total
Polydrug Use	9.7%	8.5%	9.1%
Stimulant Use	10.0%	7.7%	8.9%
Periodic Drug Use	5.0%	4.4%	4.8%
Marijuana & Alcohol Use	34.3%	38.9%	36.5%
Heavy Alcohol Use	0.6%	0.3%	0.5%
Experimental Drug Use	18.0%	16.8%	17.3%
Light Alcohol Use	5.0%	5.3%	5.2%
Negligible or No Use	16.5%	17.7%	17.1%

Smoking and Drug Use

Table A9 provides an estimate of cigarette use for the different drug use types. Assessment of smoking was not a primary goal of the project, and detailed questions about smoking behavior were not included in the survey. The survey did ask whether they had tried cigarettes and how much they smoked in terms of "a little" or "a lot". Just how much smoking they viewed as "a lot" is not known.

While more Native American youth have tried cigarettes and more say that they smoke "a lot", in both Indian and non-Indian groups smoking is related to drug use type. The Polydrug Users are the most likely to smoke "a lot", with non-Indian Polydrug Users having a higher proportion who smoke "a lot" than Indian Polydrug Users, even though more Indians in general do smoke "a lot".

Indian youth who avoid drugs may have tried cigarettes, but they are not heavily involved with smoking. Only two of the 445 young Indians in the two drug use types that are essentially drug free said that they smoke "a lot".

Table A9

Cigarette Use by Drug Use Type

Among Indian Youth, 7th-12th Grade

	Indian Sample (N=1970)		City Sample (N=1890)	
	% Tried Cigarettes	% Who Currently Smoke "A Lot"	% Tried Cigarettes	% Who Currently Smoke "A Lot"
Polydrug Use	84.6%	26.4%	82.7%	34.6%
Stimulant Use	83.7%	23.8%	75.2%	18.8%
Periodic Drug Use	76.6%	10.6%	82.0%	15.6%
Marijuana & Alcohol Use	76.2%	15.3%	72.0%	8.5%
Heavy Alcohol Use	80.0%	20.0%	50.0%	11.1%
Experimental Drug Use	68.3%	6.7%	61.3%	5.0%
Light Alcohol Use	65.3%	0	43.9%	2.3%
Negligible or No Drug Use	37.5%	0.6%	23.8%	0.4%
Percent of Total Group	69.4%	12.0%	47.0%	6.1%

34

DRUGS AND THE INDIAN WAY

Indian youth living on reservations are more likely to be involved with drugs than are other American young people. There is, therefore, some question about just how Indian culture interacts with drug use; are there elements of Indian culture that somehow encourage drug use?

Native American tribes, like all other cultures that have powerful rituals for healing and guidance, have included the use of drugs in some of these rituals. An altered state of consciousness is an important part of the search for personal identity or tribal decisions. This state is engendered using many different techniques. They include food, water, or sleep deprivation. Physical stress is often involved, including running, dancing, or sometimes pain. Drugs such as tobacco, peyote, mushrooms, or morning glory seeds may also be used. Psychoactive drugs are, therefore, an integral part of Indian culture, but these drugs have specific and rigidly prescribed roles in religious or healing ceremonies or in celebrations that are socially and traditionally important. Personal, recreational use of drugs has no place in traditional Indian culture.

With the possible exception of tobacco, even when social use of a drug has become widespread, Native American tribal leaders have not accepted its use. For instance, alcohol use has been and continues to be very common, but it is still officially frowned upon. Many reservations still outlaw the sale of liquor, and nativistic movements, such as the Native American Church, the Sun Dance, and the Gourd Dance are uniformly opposed to drug and alcohol use. Using recreational drugs is definitely not a part of the Indian Way.

What is the Indian Way? Different tribes have very different traditional activities, healing ceremonies, extended family structure, clan organization, and religious beliefs, so the Indian Way cannot be defined directly by any of these specific things. To Native Americans, however, there is a common ground that underlies all Indian values. People raised in Native American communities and Indian culture share a sense of underlying continuity and consistency with the physical universe -- a perception that man and nature are linked together in harmony. There are basic attitudes that grow out of this linkage, and there are behaviors that flow naturally from this concurrence. Recreational drugs destroy this harmony with nature and damage the ability of the mind, body, and spirit to work together. They are clearly counter to the Indian Way.

Young Native Americans who are living in the Indian Way and imbued with its values should, therefore, have some protection against drug abuse. A strong identification with Indian culture can help protect a young person from drug involvement. Among adolescents from the 7th through the 12th grade, there is a small but significant relationship between being highly involved in Indian activities and identified with the Indian Way and avoidance of the more serious patterns of drug use. There are, however, so many other variables operating in determining whether an adolescent will be involved with drugs that cultural identification cannot be easily isolated as a separate factor that predicts avoidance of drugs. Living in the Indian Way provides some protection, but it is often overwhelmed by other forces that press adolescents toward use of drugs.

The responses of younger children, however, are not quite as complex, and cultural identification is related to their drug use. Several questions on the Children's Survey, given in the 4th to 6th grades, ask whether the child lives in the Indian Way or in the Non-Indian Way. These children, who are living on reservations, tend to identify more strongly with the Indian Way. More than 70% of them indicated "some" to "a lot" of involvement with Indian culture. About a fourth, however, felt little identification with Indian culture despite being members of tribes that provide a high level of Indian activities and events.

Cultural Identification and Drug Use

Living in the Indian Way and in the Non-Indian Way are not polar opposites. Some children rate themselves high on both. They are bicultural -- they identify with both cultures. Others rate themselves highly in only one. Still others are in the middle range or are low on both. The children who are bicultural show the lowest use of alcohol and drugs (Table B1). Children who are strongly identified only with Indian culture and who have a low identification with non-Indian culture also show a low involvement with drugs, although they may have a slightly higher use of alcohol.

The children who identify only with the non-Indian Way have a higher involvement with drugs. More than a fourth of them are drug involved (the first two categories in the table). They may be under a lot of cultural stress because they are in communities that still observe many aspects of Indian life. Despite living on the reservations and in tribes where there are many Indian activities, they do not participate in these activities very much. Their way of handling the conflicting values and attitudes of Indian and non-Indian cultures has been to move away from the Indian Way.

Children who do not identify with either the non-Indian or the Indian Way ("Others" in Table B1) also have a higher level of drug use, almost a fourth are drug involved.

Table B1

Cultural Identification and Indian Children's Drug Use

(Grades 4-6)

	Bicultural Identification	High Indian Identification	High Non-Indian Identification	Others
Child Polydrug (Use alcohol, inhalants, and marijuana)	4%	2%	6%	6%
Drug Involved (Use either inhalants or marijuana regularly)	7%	10%	22%	17%
Alcohol (Use alcohol to get high but no other drugs)	4%	7%	4%	4%
Not Drug Involved	85%	81%	68%	72%
N =	147	152	115	616
Total N =	1030			

Some of these latter children may have problems because their families are not highly respected in the community. The roots of cultural identification in these younger children seem to lie in the family and particularly in whether the family is "successful" in the Indian Way or in the non-Indian Way. As in any community, there are Indian families that are less successful. The children of these families appear to be sensitive to this issue. They do not rate their families as "good ones" in either the Indian Way or the non-Indian Way. They are also somewhat more likely to be involved with drugs.

The differences between groups of children with varying cultural identifications are not great. A significant number of children in every group are involved with drugs, so cultural identification is not the simple answer to drug use. It does, however, need to be considered. Helping children identify more strongly with the Indian Way, and showing them explicitly that drugs are counter to the Indian Way, may increase their resistance to drug involvement. Also, since bicultural children seem to use fewer drugs, helping the child to be successful in the non-Indian world could be equally valuable.

The relationship between drug use and cultural identification, however, may be more indirect. Cultural identification appears to be related to the family's status and role in the tribe, and that status may influence the child's pride and confidence in the family.

Since much of the research on families and Indian culture is focused on "traditional" versus "non-traditional" families, it is necessary to note that identification with the Indian Way is not necessarily related to whether the family is traditional. Depending on the tribe and on the anthropologist, "traditional" has had many different meanings. In some studies, for example, it is determined by language, in others by percentage of Indian blood. If drug use were to be related to whether a family was traditional, the results suggest that it would be necessary to identify at least two different kinds of traditional families. One would be a high status traditional family where the parents or extended family held important tribal roles. Depending on the tribe these might be healers, tribal council members, clan leaders, war chiefs, and so forth. Children of these families would probably see their families as successful in the Indian Way. They would rate themselves highly in identification with the Indian Way and would show somewhat lower use of drugs.

The other traditional family might be a low status one. They might speak only an Indian language or be of relatively pure blood, but might have only minimal roles in tribal affairs or ceremonies. Young children of such traditional families would probably not identify with the Indian Way and might be more likely to be involved with drugs.

A Note on Peyote Use

Peyote does have a place in present day Indian culture. The Native American Church uses peyote as a sacrament, and this has probably had some influence on the way that peyote is used by Indian youth. While the use of peyote outside of the church is discouraged by the church, there is more general knowledge of the drug in the Southwest where the Native American Church is strong. Familiarity with the drug because of its use in the church may be one reason why peyote is the only drug where use is associated strongly with geographic location. Once degree of isolation is accounted for, the location of a tribe does not seem to be related to which drugs are used nor how much they are used with the exception of peyote.

The drug use styles include only one pattern that is specific to Indian youth and that does not occur in non-Indian youth. There is a Peyote Use Style included in the Periodic Drug Use Type. It consists of the use of marijuana and of peyote but of no other drugs. This pattern does not appear among non-Indians. Peyote is a hallucinogen. It is used by non-Indians as one of a list of hallucinogens, and every non-Indian who has tried peyote has also tried other hallucinogens, usually LSD. Among Indian youth, there are a number who use peyote, but do not use any other hallucinogens -- peyote clearly has a special place as a separate drug in the attitudes of some Indian young people.

Some of this non-religious peyote use, however, may not be recreational. While those who use peyote also tend to use marijuana, so many Indian youth use marijuana that the association may be coincidental. Peyote is beginning to appear as a folk medicine, and some of these young people may have taken it as a medicine. Letters and personal reports indicate that peyote is being used for a variety of ailments. It is used for headaches, for stomach troubles, for emotional upset, and even by some college students to get ready for examinations. This type of peyote use is relatively recent, and studies are being initiated to find out whether some of the peyote use that is detected is medicinal rather than recreational. Other studies are attempting to determine peyote's present status as a folk medicine -- what are the beliefs about its utility?, when is it used?, etc.

50

ACQUISITION OF DRUG EXPOSURE BY INDIAN YOUTH

The data on lifetime prevalence and recent use show how many members of the group have tried individual drugs, indicate how many of those who try a drug are continuing to use it, and show how often drugs are being used by those who continue use. Other information can fill out the picture of the group's drug involvement over time by providing answers to questions: At what age does drug exposure begin? How rapidly does it increase? At what ages is the risk of exposure particularly high? Are there limits to drug exposure and, if so, when are they reached?

The drug acquisition curve* shows exactly how a group acquires exposure to a particular drug. It is obtained by charting responses to the question, "At what age did you first try (name of drug)?" The total percentage who have tried the drug at every age is graphed. The graph provides a retrospective record that shows about what would have been obtained if the young people had been surveyed at each of those ages and asked whether they had tried that drug.

A drug acquisition curve must be charted for a specific age-cohort since different groups of children tend to have somewhat different acquisition curves. The 9th-10th grade group was selected because these young Indians are old enough so that most of the acquisition curve can be observed, and because dropout rate is so high in the 11th and 12th grades that the adolescents still in school are no longer very representative of youth on reservations.

The acquisition curves for alcohol, marijuana, and inhalants are presented in Figure C1. As can be seen, the acquisition curves for different drugs and for different age cohorts tend to be quite similar in their general shape. The different parts of the acquisition curve appear to be related to different stages of drug involvement. The following discussion is theoretical; it is based on hypotheses about what these stages should mean.

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*The drug acquisition curve is discussed in detail in an article to be published in Vol. 19 No. 5 of the International Journal of The Addictions. A preprint is available from E.R. Oetting (address on title page).

The Age of Exposure

In theory, the distinctive points on the drug acquisition curve mark occurrences in development or in the environment that influence the rate of acquisition of drug exposure. One of the more important points on a drug acquisition curve is the age of exposure. It is the point, early in the curve, where it changes direction. The curve turns upward, sometimes rather sharply, and from that point on the number of new children who try the drug each year is greatly increased. The age of exposure may mark the point where drug-using peers become a significant factor in encouraging use of that drug.

Among young Indians, the age of exposure appears earlier than might be expected. Even though fewer children are trying marijuana than alcohol, the age of exposure for both curves is between 9 and 10 years. Because of its generally lower level, the change of direction in the acquisition curve for inhalants is not as clearly defined. It may occur slightly earlier or at about the same time. If the model is correct, and the age of exposure is the point where peer influence becomes an important force, programs to counter that influence in Indian children would have to start very early -- perhaps by the third grade.

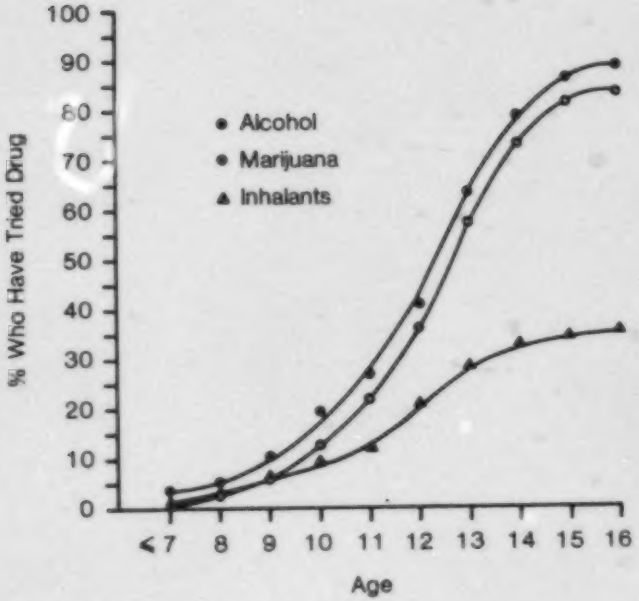
Early Drug Exposure

The first part of the acquisition curve, before the age of exposure, is relatively flat. It shows only occasional exposure to the drug by a few very young children each year. The theory suggests that these children are not being influenced to use drugs by a same-age peer group. Early drug exposure, therefore, is likely to be analagous to a physical or sexual assault, an imposition of drugs on the very young child by an older child or possibly even by an adult. Other data show that older siblings and older related children such as young aunts and uncles who are living with the child are often the source of drugs for young children. It is, therefore, likely that much of this early drug exposure takes place within the family context.

Identifying this very early drug use as a form of child abuse may seem to be too strong a conclusion. It places very early drug exposure in an entirely different category from later drug use and implies that it is a far more serious problem. Up to this point, there has been minimal public awareness that drugs may be imposed on children -- there has been a tendency to see drug use as voluntary, even when the child is young. It is true that very young

FIGURE C1

ACQUISITION CURVES FOR ALCOHOL, MARIJUANA AND INHALANTS
FOR 9TH AND 10TH GRADE INDIAN STUDENTS SURVEYED IN 1980-81



children may cooperate in taking drugs, but when an older person involves a child in a damaging act, even if the child does not resist, it is still the older person's responsibility and a crime against the child. Public lack of awareness that there may be a problem is also consistent with considering early drug exposure in the same category as physical or sexual assaults; those problems too tended to be ignored or denied until very recently. The hypothesis that much of this drug imposition takes place within the family context is also consistent; the family is the major source of physical and sexual abuse as well.

Applying the age of exposure as a marker to assess the extent of this form of drug abuse may appear to be somewhat arbitrary. In fact, some children older than the age of exposure may be given drugs by a much older child or adult in a way that would clearly be equivalent to an assault. A few children who are younger may be involved with a drug using peer group very close to their age. But these factors should average out, and since the age of exposure does seem to mark the real beginning of peer group influence, the number of children exposed before that age should be a good estimate of the number who could be classified as subject to personal assault through administration of drugs.

If this conclusion is right, quite a few very young children can be placed in this category. By the age of 9, about 10% of Indian children have been given alcohol. This percentage does not seem unreasonable or shocking in itself. It is fairly typical in our society to give a child a taste to wine or beer, and, while illegal, it is not considered socially inappropriate by many people. The attitude toward other drugs, however, is very different. Giving them to a very young child would be considered inappropriate by nearly all Indian adults. Yet, quite a few have tried drugs; 5.7% have tried marijuana, and 5.9% inhalants.

While the source is most likely to be an older child, it may also be an adult. For example, there are reports of a case where a mother routinely shared glue sniffing with her children after the evening meal, and cases where families, including their young children, smoke marijuana together. Flagrant situations of this kind are very rare, but imposition of drugs on very young children is common enough so that professionals should become sensitive to its occurrence and communities should move to protect and treat children who have been abused in this way. Figure C2 suggests that there may be a baseline across populations, that as many as 5% of children may be exposed to drugs prior to the age of exposure.

Period of High Risk

After the age of exposure, the percentage of children who are newly exposed to a drug each year increases radically. Despite relatively minor variations, the acquisition of drug exposure in the group becomes relatively stable; a similar percentage are exposed each year. The acquisition curve shows that a group does not jump suddenly into trying a new drug -- it gradually and continuously increases its exposure over a 5 or 6 year period, the period of high risk.

Although the acquisition curve for inhalants is generally lower than those for alcohol and marijuana, it has a similar shape. The period of high risk is about the same, from age 10 to age 15. The inhalant use acquisition curve changes the previous picture of how a group acquires exposure to inhalants. The previous stereotype was that inhalants were the drug of choice for young children. The belief was that young children got into inhalants, but that older children pretty much ignored them. The acquisition curve shows that inhalant exposure does not have a unique pattern -- older children too are likely to try them.

There are minor variations in the period of high risk. For example, the greatest increase in exposure occurs between the ages of 12 and 13. This is a potentially important finding. A few years ago, the greatest increase in drug exposure for young Indians typically occurred when children entered junior high school. Junior high school was often a new setting where drugs were used more heavily, and the risk was, accordingly, increased. The contrast between junior high school and grade school apparently no longer exists and the greatest increase in use has moved down to about the last year of grade school.

Age of Increased Resistance

There is some sign that the curves for all three drugs are beginning to taper off near the age of 15. Data from somewhat older adolescents suggest that the curves will continue on their present course, so that drug exposure does not increase much after approximately the age of 17. There are no actual acquisition curve data beyond that point, but trends from other studies suggest that there will continue to be small increases up to about the age of 21, but that it is quite rare for a young person to initiate the use of a new drug after that age.

One reason that the curves for alcohol and marijuana are not increasing as rapidly may be that they have reached such a high

level that there are not many young people available in the group to try the drugs for the first time. But it is likely that the levels reached by all of these curves are beginning to approximate the number of people who are susceptible to trying the drug. The underlying reason may have to do with the characteristics that make a young person susceptible to drug experimentation and those that innoculate against drug use. The age of exposure for these drugs is very low, so peer pressure to use drugs starts early. By the time these young Indians are 16 or 17, the period of high risk has continued for at least 6 years. There has been plenty of time so that the factors that might lead to drug experimentation have had a chance to operate. Nearly everyone who is likely to try the drug has done so. On the other side of the equation, the characteristics that have allowed a young person to resist this pressure for six years must be quite effective. The probability that they will break down after this length of time is relatively low.

The tapering off of the acquisition curves does not mean that drug use will not increase in this group. There are other drugs where acquisition curves may still be going up. When these studies were planned, the reason for collecting age of first use data was to study use of drugs by young children, so the questions were only asked about the drugs young children tend to use. Age of first use data are now being collected on other drugs. They are likely to show that both the age of exposure and the age of increased resistance are higher for cocaine, stimulants, hallucinogens and sedatives.

In addition, the acquisition curve is only concerned with first exposure to a drug. It does not chart what happens beyond that exposure. Many young people will continue to increase their use of these drugs. They will also use them in conjunction with other drugs and may change the way they use them so that dosages are higher or the route of administration is more dangerous.

Comparison of Drug Acquisition Curves for Indian and non-Indian Youth

Figure C2 shows the drug acquisition curve for a non-Indian sample of the same age as the group shown in Figure C1.

The drug acquisition curves are quite different for the two groups. This would be expected, since Indian youth tend to have a considerably higher level of involvement with marijuana and inhalants than non-Indian youth. But there are other differences in the acquisition curves as well.

Inhalants

The inhalant acquisition curve is at a lower level for both the Indian and the non-Indian sample. The non-Indian curve does not show the age of exposure as clearly, but it does show that inhalant exposure is not limited to very young children. Older adolescents, both Indian and non-Indian, also try inhalants even when they have not used them before.

Alcohol

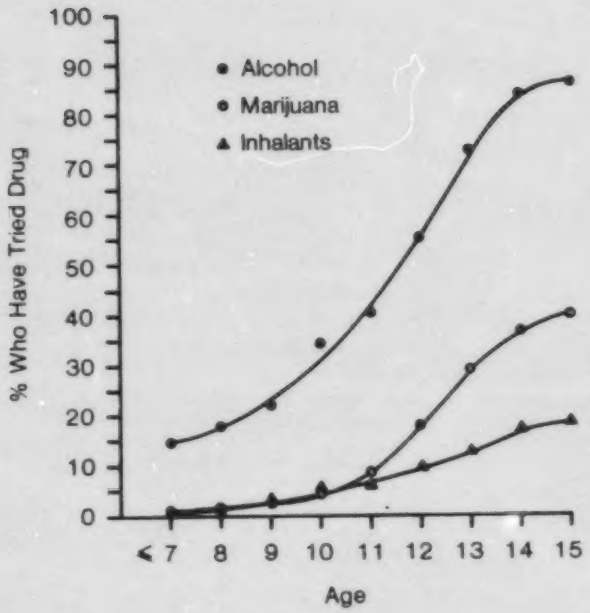
The eventual exposure to alcohol is about the same for Indian and non-Indian youth. The age of exposure and the period of high risk are also nearly the same. The level of early alcohol exposure, prior to the age of exposure, is, however, very different. By the age of exposure only 10% of Indian children have tried alcohol, while 22% of non-Indian children have tried it. Alcohol is not as readily available on the reservation or in Indian homes, and there may also be attitudinal differences. Non-Indians may have a more tolerant attitude toward alcohol. The non-Indian pattern of alcohol use includes alcohol taken in small amounts as a relatively innocuous beverage. Giving some to a child may, therefore, not appear to be a particularly bad thing for a non-Indian adult to do. Indian adults are less likely to routinely keep alcohol in the house. They are more likely to buy it for a specific occasion and use what is bought. It is, therefore, not as available to children. Indian adults may also be less likely to view alcohol as innocuous and would, therefore, be more hesitant about giving it to very young children.

Marijuana

The greatest difference between the two groups is in the marijuana acquisition curve. The age of exposure for marijuana among Indian youth is about two years earlier than it is for non-Indian youth. The period of highest risk is still in junior high school for non-Indians, while it has moved to grade school for Indians. But the most important difference may lie in the relationship between the alcohol and marijuana acquisition curves. Among non-Indian youth, the two curves are totally different -- marijuana exposure starts later than alcohol, and reaches only half the level. Among Indian youth the acquisition curves for alcohol and marijuana almost overlap. They have the same age of exposure, nearly the same rate of acquisition, and reach almost the same level. Marijuana experimentation has become almost as tolerated as alcohol experimentation among Indian young people. Trying both alcohol and marijuana seems to be expected of almost every young Indian.

FIGURE C2

ACQUISITION CURVES FOR ALCOHOL, MARIJUANA AND INHALANTS
FOR 9TH AND 10TH GRADE NON-INDIAN STUDENTS SURVEYED IN 1981



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TRENDS IN DRUG USE OF NATIVE AMERICAN ADOLESCENTS: 1975-1981

The first reasonably large, cross-tribal survey of reservation Indian adolescents' drug use was administered in 1975. Since that time, two further samples have been obtained. One was gathered from late 1977 through 1978. The other from late 1980 through 1981. Comparison of drug use from these three surveys shows how drug use has changed over this period. Three sets of data will be examined. The first part shows how lifetime prevalence, the percent of the group who have tried each drug, has changed. The second set shows changes in the current use of drugs. Finally, changes in drug use types will be examined.

The 1975 sample was more limited in scope than the other two. It consisted almost entirely of Southwestern tribes. Each of the other two samples were stratified so that tribes were included that varied in degree of isolation and that were geographically dispersed. There is reason to believe that each of these samples is at least fairly representative of drug use by young Native Americans on reservations at that point in time for most drugs. Although there are differences across tribes, with few exceptions, drug use figures from tribes obtained at the same point in time tend to be similar even though the tribes are from different parts of the country and have very different cultural traditions. In addition, some tribes have been resurveyed during this process and the changes within tribes correspond closely to the changes that are found over that same period of time in cross-tribe samples.

Trends in Lifetime Prevalence of the More Frequently Used Drugs

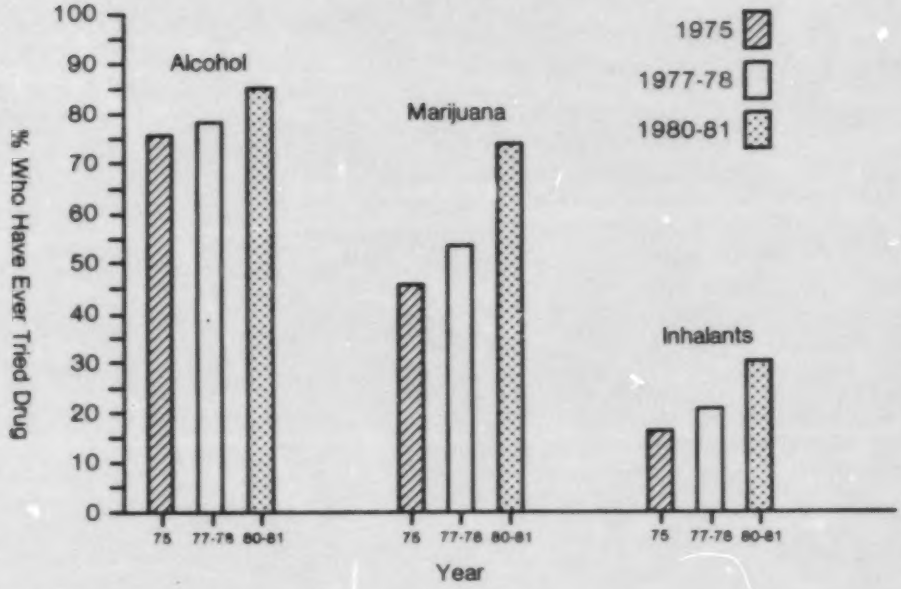
Figure D1 shows the trends in lifetime prevalence of the three drugs that are used more frequently by Indian youth, alcohol, marijuana, and inhalants. The trends are consistent; the exposure to all three of the drugs increases steadily over this time.

The smallest increase is in lifetime prevalence for alcohol; it changes by less than 10%. Exposure to alcohol was, however, already very high in 1975, so there was not much room for it to change. Inhalant exposure has increased considerably. In 1975 it was already much higher than that of non-Indian youth, and it has almost doubled since that time. The greatest increase is in the number who have tried marijuana, a jump of nearly 30%.

The graph suggests that the largest part of the increase has occurred since 1978. The difference between rates of use between 1975 and 1977-78 is not usually as large as the change that occurred after that point. The 1975 figures, however, might have been somewhat lower if a 1974 sample had been collected to average with it, and the difference would not then have been as apparent. The difference in amount of change is, however, quite large for some drugs. There is, for example, a change of only 4% in inhalant use between the first two bars and a change of 9% between the last two. The change in marijuana exposure is about 9% between the first two bars and 20% between the last two. The hypothesis that much of the increase in drug use has occurred recently is reasonably tenable.

FIGURE D1

LIFETIME PREVALENCE OF MOST COMMONLY USED DRUGS
AMONG INDIAN ADOLESCENTS AT THREE POINTS IN TIME



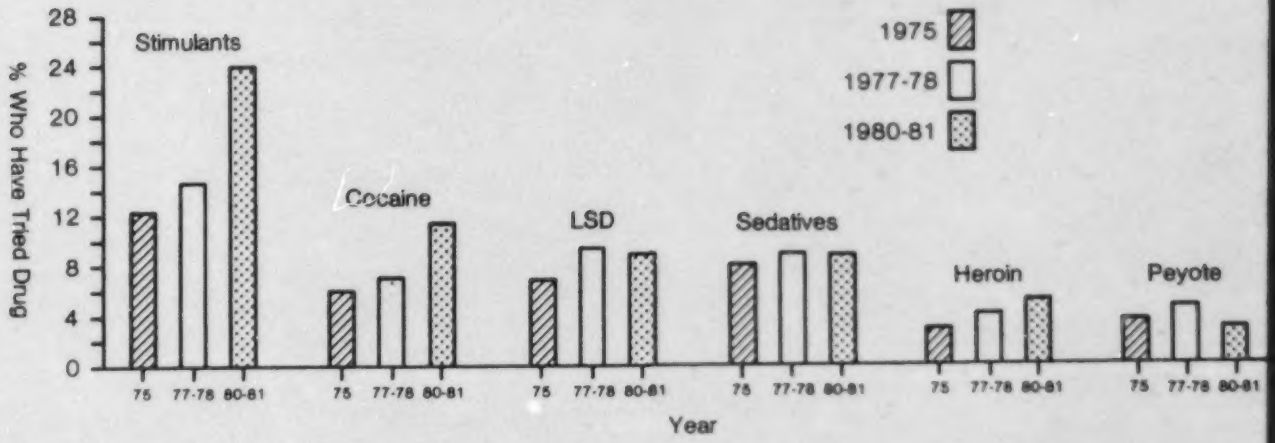
Trends in Lifetime Prevalence of the Less Frequently Used Drugs

Figure D2 shows the change in lifetime prevalence for the less frequently used drugs. Exposure to downers and LSD has probably remained at about the same level over this period. Heroin exposure is low, but has increased slightly. The greatest change is in the exposure to uppers. Lifetime prevalence for stimulants and for cocaine have both nearly doubled.

These results are consistent with a general increase among non-Indian youth during this period of time in the use of stimulants and particularly of cocaine, but the increase among Indian youth is much greater.

FIGURE D2

LIFETIME PREVALENCE OF LESS COMMONLY USED DRUGS
AMONG INDIAN ADOLESCENTS AT THREE POINTS IN TIME



Trends in Recent Use of Selected Drugs

Table D1 presents the trends in recent drug use across the three samples of Indian youth. The previous figures show that there has been a considerable increase in exposure to the drugs -- the percent of the group who have tried drugs has increased -- particularly for marijuana, inhalants, and stimulants. Table D1 shows that this increase in exposure has been accompanied by an increase in current involvement with marijuana, stimulants, and sedatives. In fact, the proportion of young Indians who continue to use these drugs after trying them has remained remarkably consistent for each drug since 1975. Close to 80% of those who tried marijuana had also used it recently in each of the three samples. For sedatives and stimulants, the ratio of the number using recently to those trying the drug was just over 50% in 1975 and has remained at about that level.

The factors that lead to this consistency are not known. It would argue for the validity, within a population, of lifetime prevalence as a general index of drug involvement across years, since current involvement is so consistently correlated with lifetime prevalence. But it must be remembered that the ratio of current involvement to lifetime prevalence is very different in Indians and non-Indians, so lifetime prevalence is not a good comparison for total drug involvement across populations.

While the number of Indian youth trying inhalants has almost doubled, the percentage of those who have used the drug recently has remained about the same. There is, apparently, more experimentation with inhalants, but many of those experimenting do not go on to continue using inhalants. Inhalants are still a serious problem, particularly among very young Indians, but they may not be as much of a problem as the increases in lifetime prevalence figures suggest.

The recent use figures confirm the general findings that there has been a considerable increase in drug involvement during the past few years among Indian youth. The increase is not only in exposure to drugs, but in continued involvement with those drugs as well.

Table D1

Trends in Recent Use of Drugs:

7th-12th Grade Indian Youth

(1980-81, N = 2159)

				Recent Use (Last 2 Months)			
	% Tried	% Used Recently	Ratio of Recent to Ever Tried	% Daily	% 10+ Times But Not Daily	% 3-9 Times	% 1-2 Times
Get High					3.4	11.0	27.8
Get Drunk					2.0	7.2	25.6
Marijuana	74.2	59.8	.81	13.4	6.7	18.4	21.3
Inhalants	30.0	7.1	.24	0.5	0.6	1.4	4.6
Stimulants	24.1	12.7	.53	0.6	0.1	2.3	9.7
Sedatives	9.4	5.6	.60	0.4	0.4	0.7	4.1

(1977-78, N = 3128)

Get High					3.4	8.3	21.5
Get Drunk					3.2	7.7	20.0
Marijuana	53.4	40.5	.76	6.8	5.8	10.8	17.1
Inhalants	21.1	5.4	.26	0.6	0.0	.8	4.0
Stimulants	14.7	7.5	.51	0.5	0.2	1.0	5.8
Sedatives	9.6	4.9	.51	0.4	0.3	0.8	3.4

(1975, N = 1239)

Get High				--- *	---	---	---
Get Drunk				---	---	---	---
Marijuana	41.2	33.4	.81	3.0	3.7	8.4	18.3
Inhalants	15.8	6.1	.39	0.2	0.3	0.8	4.8
Stimulants	9.9	5.0	.51	0.1	0.2	0.5	4.2
Sedatives	6.3	3.4	.54	0.2	0.1	0.3	2.8

* Not available.

Trends in Drug Use Types

The previous figures and tables make it evident that the use of individual drugs has increased dramatically among Indian young people since 1975. Given these changes, it might also be expected that the proportion of young people classified into different patterns of use would also change. The composition of the drug use types for males and females over time is charted in Table D2.

The most striking feature of Table D2 is the increase in the proportion of Indian youth in the more serious drug use groups. The Polydrug Use type for instance, has grown nearly three-fold. The full impact of these changes can be seen if the top five use groups are added together -- students in these groups all use drugs other than alcohol and are using them on a continuing basis. In 1975, about one-third of all Indian adolescents could be classified as drug users. By 1981, however, nearly two-thirds of all Indian adolescents who were in school were drug users. The same change is evident in the Negligible or No Use type: Nearly one-half the students seemed pretty well drug free in 1975 while this was reduced to just under one-fifth in 1981.

The type with the greatest absolute increase is that of Marijuana and Alcohol Use. This changed from one-fifth of all students in 1975 to over one-third in 1981. This is an obvious reflection of the rapid rise in marijuana exposure and current use discussed previously.

Composition of the groups by sex is relatively consistent over time. Males have a slight edge over females in the most serious use groups. This is evident by individual group as well as by combining the top five groups. The one exception to this pattern occurs in the 1981 sample where there seems to be a slight preponderance of females in the Marijuana and Alcohol Use group. This minor difference also causes the top five group totals for 1981 to be essentially equal.

While the data may show some slight differences in drug use by sex, the practical implications are probably negligible. The differences are certainly not enough to recommend <u>any</u> separate approaches to interventions for male and female students.

Table D2

The Percent of Students in Each Drug Use Group by Sex for Three Time Periods

	N=1127		1975	N=2669		1977-78	N=1774		1980-81
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1. Polydrug Use	3.4%	3.2%	3.3%	4.8%	4.7%	4.8%	9.8%	8.5%	9.2%
2. Stimulant Use	3.4%	1.9%	2.6%	6.5%	6.0%	6.2%	10.1%	7.7%	9.0%
3. Periodic Drug Use	5.0%	4.1%	4.5%	10.2%	10.3%	10.2%	5.1%	4.5%	4.8%
4. Marijuana & Alcohol Use	23.1%	20.0%	21.5%	25.4%	22.5%	23.9%	34.4%	39.0%	36.7%
5. Heavy Alcohol Use	0.4%	0.2%	0.3%	0.9%	0.1%	0.5%	0.7%	0.3%	0.5%
6. Experimental Drug Use	21.1%	14.6%	17.7%	17.6%	14.3%	15.9%	18.0%	16.8%	17.4%
7. Light Alcohol Use	4.9%	5.1%	5.0%	10.2%	10.7%	10.5%	5.1%	5.3%	5.2%
8. Negligible or No Use	38.8%	51.1%	45.3%	24.4%	31.4%	28.0%	16.6%	17.8%	17.2%
% of Total	Males	48.5%		Males	48.3%		Males	51.3%	
	Females	51.5%		Females	51.7%		Females	48.7%	

DRUG USE BY YOUNG CHILDREN

The data presented thus far amply demonstrate that drug use is a serious problem for Indian adolescents on reservations. As the breakdown of drug use by grade shows (Table A6) some drug involvement is already well established by the junior high school years. Just how extensive is the drug use of younger Indian children?

A drug use survey that parallels the one used with adolescents has been given to 4th-6th grade students in a number of locations. The results have been analyzed according to percent of children having ever used drugs, by patterns of drug use and by changes in use over time. There are no non-Indian comparison data available for these findings. Except for a few isolated local studies that cannot be generalized, drug use of young children has not been assessed.

Lifetime Prevalence

Table E1 gives the "ever used" percentages for the most recent group of children surveyed. Quite clearly a lot of drug use is occurring even at these young ages. The level of marijuana exposure is already exceptionally high for a group that is this young. Some locations have been found where the level of marijuana experimentation among 4th-6th graders very slightly exceeds that of alcohol -- that is, the marijuana lifetime prevalence percentages are higher than those for alcohol. It is unclear whether this reflects a growing resistance to alcohol or a greater community tolerance for marijuana. The acquisition curve data given in another section of this report suggest the latter.

The use of inhalants must also be considered to be very high. This is a very young group of children, and one out of five boys has tried inhalants.

The children's survey is carefully constructed so that it will not encourage drug experimentation. Questions asking about negative drug effects are interspersed and questions are carefully phrased so that they do not imply any positive aspects of drug use. This sometimes leads to a loss of potentially useful information. An open ended question must be used to ask about type of inhalant even though prior experience shows that response rates are very low for a question that requires a written response. The most frequently listed inhalants are gas, glue, and paint.

The data on use of "pills" are somewhat ambiguous for this same reason. No "shopping list" of pills is provided, so some children do report taking pills that would not be considered illicit drugs. But enough write in "uppers", "downers" and even fairly technical drug names, so that the evidence is clear that there is significant use of other drugs. The percentage reported eliminates all responses that are clearly not illicit drugs, but includes some responses where nothing was filled in on the question asking what drugs were taken, so the estimate of "pill" use may be slightly high.

While sex differences are minimal among adolescents, there are consistent sex differences in drug exposure among younger Native Americans. The boys show a greater willingness to experiment with drugs.

Table E1

Lifetime Prevalence of Drug Use Among Young Native Americans

4th-6th Grades: 1980-1981*

	Male	Female	Total
Alcohol	38.1%	28.6%	33.2%
Marijuana	25.6%	19.7%	22.6%
Inhalants	18.6%	10.3%	14.4%
Pills	8.7%	8.2%	8.4%
Cigarettes	31.9%	34.8%	33.5%

*1538 children from 7 locations.

Drug Use Types

It is also possible to identify types of drug users among these younger students. As with the adolescents these types are much more descriptive of how drugs are currently being used. Because of their age and different patterns of use, the types for children are not the same as those found for adolescents. Table E2 lists the various types and the percent in each. Appendix A contains a list of the children's drug use types and a detailed description of the groups.

It is evident from Table E2 that many of these young children are doing more than just experimenting with drugs. Six percent are in the Child Polydrug group, children who use both marijuana and inhalants. Another 7% are in the High Drug Involvement type, and use some drugs about once a month. These children are already involved with peers who are also interested in drugs. For their age, their use is fairly intensive and they are displaying attitudes and behaviors that are conducive to heavier use as they grow older.

Sex differences appear in the alcohol use group and in the two most serious drug groups, with more boys being involved. Young Indian boys are clearly more susceptible to drug experimentation and involvement, but data from adolescents show that the girls soon catch up.

Table E2

Percent of 4th-6th Grade Indian Children in Each Drug Use Group by Sex: 1980-81*

	Male	Female	Total
1. Child Polydrug	8.2%	3.8%	5.9%
2. High Drug Involvement	8.7%	5.4%	7.0%
3. Light Marijuana Use	6.2%	6.9%	6.6%
4. Alcohol Use	9.2%	4.7%	6.8%
5. Drug Experimentation	14.1%	16.8%	15.5%
6. Negligible or No Drug Use	52.5%	61.5%	57.2%

* See next page for a description of groups.

Descriptions of Children's Drug Use Types

The following are brief descriptions summarizing the drug involvement of each of the children's drug use types.

Child Polydrug

These children are using both inhalants and marijuana. They are not just experimenting, they are using some kind of drug almost every week. At one time or another they are likely to use all three types of drugs. If the drug is alcohol, they drink it with friends and occasionally use enough to get drunk. Marijuana is also likely to be used with a friend or a group of friends. If the drug used is an inhalant, they are likely to take enough of it so that they either feel it a lot or almost pass out. Quite a few have also tried some kind of "pill", usually an upper, but "pill" use does not occur often.

High Drug Involvement

These children are not using multiple drugs, but are using either inhalants or marijuana quite often. If the drug is marijuana, they are likely using it once a week or more, and they sometimes use it during the week, not just on weekends. If they are using inhalants, they use them at least once a month. Children in this group do use some alcohol, but they are less likely to have used enough to get drunk than the children in the Child Polydrug type. These children are not using drugs heavily. They use them only occasionally, but they are not just experimenting with drugs. They are likely to use them when readily available.

Light Marijuana Use

These children use marijuana occasionally, probably once every two or three months. They are not regular drug users, but have shown that they are willing to take a drug and that they will be willing to do it again. Some, but not all, of the group use alcohol occasionally with friends, but getting drunk would be rare.

Alcohol Use

These children do not use any drug but alcohol. They use alcohol once or twice a month at the most, and usually only a few times a year. There are two subgroups -- in one the children have used enough to get drunk, in the other they have not been drunk, but they have used alcohol with friends. Both groups have done more than taste it or try it out at home.

Drug Experimentation

These children have tried marijuana or inhalants, but are not continuing to use either one. Their only danger is that they have shown a willingness to experiment, that they have been in touch with drug sources and with other children who are willing to teach them how to use drugs. They are, therefore, at risk -- they are in a position to increase drug use.

Negligible or No Drug Use

Some of these children have tried alcohol, but they have only used alcohol to taste it or used it in a small amount with their family at home. Most of them have never tried any drug at all, including alcohol.

Trends in Lifetime Prevalence of Native American Children's Drug Use

The study of drug use rates for Indian children started later in the present series of research projects than it did for adolescents. Data are available, however, from two periods of time: 1978-79 and 1980-81. The representativeness of these samples parallels that of the adolescent survey. From 1978 on some children's data were collected from nearly every location where adolescent data were obtained. The children's sample is necessarily smaller since only three grades are involved -- grades 4, 5, and 6.

Table E3 shows alcohol and marijuana exposure remaining fairly stable over this period of time. Serious concern is raised however, by the doubling of inhalant and the tripling of use of pills. The latter two substances have become more accessible and/or more acceptable. There is an interesting slight drop in the exposure to cigarettes among these young children. It remains to be seen if this apparent trend will hold up or if this difference could be due to the particular tribes sampled. While use of other drugs is pretty consistent across tribes at a particular time, cigarette use may be more variable from tribe to tribe.

Children's Drug Use Types Over Time

Table E4 indicates that some increases in drug involvement may have occurred among the 4th-6th grade groups. This is reflected in the decreasing number of young people in the Negligible or No Use category.

The most substantial increase occurs in the Drug Experimentation type -- there is over a fourfold increase in this category. In the detailed descriptions of the drug use types provided in Appendix A those young people who are experimenting with inhalants are placed in Type E. Thus, some of the large increase in inhalant use seen in Table E3 is reflected here. The remainder of the increase in the Drug Experimentation type would be accounted for by a higher exposure to marijuana.

Table E3

Percent of 4th-6th Grade Children Having Ever Used Drugs During Two Time Periods

	1978-79	1980-81
Alcohol	30.8%	33.2%
Marijuana	21.3%	22.6%
Inhalants	7.8%	14.4%
Pills	2.7%	8.4%
Cigarettes	39.4%	33.5%

Table E4

Percent of 4th-6th Grade Children in Each Drug Use Types for Two Time Periods

	1978-79	1980-81
A. Child Polydrug	5.0%	5.9%
B. Drug Involved	7.9%	7.0%
C. Light Marijuana Use	7.2%	6.6%
D. Alcohol Use	4.6%	6.8%
E. Drug Experimentation	3.8%	15.5%
F. Negligible or No Use	70.5%	57.2%

APPENDIX A

SCORING FOR DRUG INVOLVEMENT AND CLASSIFICATION INTO DRUG USE TYPES

The usual drug epidemiology statistics, by their nature, focus attention on the use of a single drug at a time. They indicate how many have tried the drug, how many have used it recently, etc. But young people who are drug involved do not, typically, use only one drug. They use several different drugs at varying times and use them in different ways. A method is needed to describe the different patterns of drug involvement -- the different ways that young people are actually drug involved.

There were two major steps in developing the classification system that is used in this report to discuss drug use types. The first task was to obtain a score that would accurately represent the overall level of involvement with each single drug. The second task was to determine how these scores can be used to assign people into groups whose members use drugs in a very similar way.

Items Assessing Drug Involvement

The first step was to determine which drug use items assessed common sources of underlying variance and, therefore, could be combined to provide a score for involvement with that particular drug. In the earliest form of the survey several standard questions were asked about each drug. These included (1) whether the drug had ever been tried, (2) how often it had been used in the last two months*, (3) when it was used (weekends only, during week, etc.), and (4) self-identification as a user (light, heavy, etc.). The responses to these items were then evaluated using cluster analysis.

A frequent pattern was to find that the last three items for a given drug clustered together, but that the ever tried item for that drug did not cluster with those items. When this occured, the three items formed a scale that measured total involvement with the drug.

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* A two-month period was used for assessing recent use instead of the more typical one-month period because Indian youth are more likely than non-Indian youth to be living in two or more settings. For example, Indian youth may live in a boarding school and the home community, or a city and the reservation. If drug use was linked with setting, the two-month period would be more likely to sample both settings and would provide a more accurate measure of current use of the drug.

There would then be two scores that could be used to assess involvement. The three items would measure level of present involvement, and once those people who showed significant current involvement were identified, the "ever tried" item would measure experimentation with the drug.

But this did not occur for all drugs. For some drugs new items had to be constructed to get a good measure of current involvement. For example, an item asking how heroin or cocaine were taken (mouth, needle, etc.) proved to be useful. For other drugs, the cluster structure suggested that the single item asking about self-identification as a user would be a good measure of minimal level of involvement even though the drug had not been taken lately. Other differences also occured, for example, the alcohol items were dominated by the use of beer, suggesting that for these young people use of wine and liquor was not a very important index of current alcohol involvement. Further, for alcohol, there were two somewhat different measures of involvement. One related to the frequency and self-identification as a beer user, the other to involvement with getting drunk. The two were correlated but not identical measures and both proved valuable in determining style. Table F1, beginning on page 75, shows which items are used to assess involvement with individual drugs and how they are scored.

Developing a Method for Classifying Adolescents Into Drug Use Groups

The next step was to determine how the drug involvement measures could be combined to identify groups who had a similar overall pattern of involvement with drugs. An O-type cluster analysis* was used to provide a preliminary sorting. The O-typing procedure first breaks up each drug involvement score into high, medium, and low categories. It then identifies all possible combinations of these scores, determining which combinations actually exist in the group. Then a long series of successive approximations are used, changing the scores used to determine high, medium, or low, and changing the combinations. Each time an adjustment is made, the program tests whether the groups are more homogeneous and whether adjacent groups are more distant from each other. The process is continued until further adjustments do not improve the discrimination of the O-types. The result is a statistically optimized set of types.

This, however, was only a starting point. O-types minimize the overall variance around a set of mean scores, but they do not meet all of the criteria that a good system of classification requires. The following criteria were established to construct the eventual

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* Cluster Analysis, by Tryon, R. C. & Bailey, D. E. Mc-Graw-Hill Company, New York, N. Y., 1970.

classification system:

1. The eventual system should allow classification of every person into a group.

2. Groups should include enough members so that the number of eventual groups will not be excessive.

3. Drug use within a group should be sufficiently homogeneous so that a description of the group will fit each member's drug use pattern reasonably well.

4. The drug use patterns of adjacent groups should be distinctively different.

5. The eventual list of groups should form at least an approximate hierarchy, so that the groups can be ordered in terms of seriousness of drug involvement.

6. Adjacent groups should be combinable into larger groups that share meaningful drug involvement characteristics to allow simplified data presentation and statistical analyses.

7. The eventual groups should be logical and descriptive of drug use patterns that are known to occur among young people.

The process of construction involved successive approximation, beginning with the 0-types and building on them, testing at each step for the above criteria. Ultimately 24 different drug use styles were identified among adolescents. The classification system met all of the criteria reasonably well. It was tested further in new samples of Indian youth and in a non-Indian sample. With the exception of the peyote use style, the method works well for both Indian and non-Indian adolescents. The 24 drug use styles and scoring criteria for assigning membership to a style are listed in Table F2, page 83.

The classification system is not meant to be a rigid, final answer to defining drug use types. It works very well at this point in time, because it includes the patterns of drug use that are occurring. It is general enough so that slight shifts in the use of individual drugs does not invalidate the system. But it is expected that new drugs and new styles of drug involvement will emerge over time, and that the system will need to grow and change as well.

One of the criteria for developing a classification system was that adjacent types should be combinable into larger groups for simplicity of presentation and to meet the need for larger numbers of subjects in a group for some kinds of statistical analyses. Table F3 shows the 24 drug use styles and how they are grouped into drug use types. It also shows the percent of the 1980-81 Indian adolescents

who are classified into each style. While the styles are more accurate descriptions of drug use patterns, the low percentages that occur in some individual styles show the necessity for combining styles into types.

Classification of Younger Children Into Drug Use Groups

The identical process was used to develop a classification system for younger children, grades 4-6. There are fewer drug use items on the Children's Questionnaire, and they deal with fewer drugs. Some responses to single items are also used in classifying children's drug use because the response to that item differentiates a different kind of involvement with the drug. The drug use items for children and their scoring are presented in Table F4. The classification system that emerged is also simpler, reflecting the fact that younger children have not developed as many differentiated patterns of drug use.

Table F5 shows the system for classifying children into the children's drug use styles. Table F6 shows how the styles are combined into children's drug use types and the percent of Indian children who fall into each of the drug use styles. The low percent that appear in some individual styles again shows the need for grouping styles into types.

Table F1

Scoring of Items for Assessing Involvement with Individual Drugs: Adolescent Survey

The scores used in assigning people to the different drug use styles are derived in the following manner:

The BEER score is the total on the following items:

How many times did you drink beer in the last two months?

1 None
2 Once or twice
3 3 to 9 times
4 10 or more times

When do you usually drink beer?

1 Never drink it
2 Just on weekends or holidays
3 During the week as well as weekends or holidays
4 Almost every day

In drinking beer, are you . . .

1 A non-drinker
2 A very light drinker
3 A light drinker
4 A moderate drinker
5 A heavy drinker
6 A very heavy drinker

The DRUNK score is the total on the following items:

In the past two months, how often did you get drunk (drank enough so you were sick, staggering or passed out)?

1 I drank no wine, beer or liquor
2 Drank some, but never got drunk
3 Got drunk once or twice
4 3 to 9 times
5 10 or more times

How often have you "blacked out" or couldn't remember what you did while you were drunk on alcohol?

1 I don't use alcohol
2 I use it but never "blacked out"
3 Happened once or twice
4 Happened three or more times

The MARIJUANA score is the total on the following items:

How many times during the past two months have you used marijuana?

1 None
2 Once or twice
3 3 to 9 times
4 10 or more times

When do you usually use marijuana?

1 Never
2 Just on weekends or holidays
3 During the week as well as weekends or holidays
4 Almost every day

In using marijuana, are you . . .

1 A non-user
2 A very light user
3 A light user
4 A moderate user
5 A heavy user
6 A very heavy user

The STIMULANTS score is the total on the following items:

How many times have you used "uppers" in the past two months?

1 None in the last 2 months
2 Once or twice
3 3 to 9 times
4 10 or more times

When do you usually use "uppers"?

1 Never
2 Just on weekends or holidays
3 During the week as well as weekends or holidays
4 Almost every day

In using "uppers", are you . . .

1 A non-user
2 A very light user
3 A light user
4 A moderate user
5 A heavy user
6 A very heavy user

The SEDATIVE score is the total on the following items:

How many times have you used "downers" in the past two months?

1 None
2 Once or twice
3 3 to 9 times
4 10 or more times

When do you usually user "downers"?

1 Never
2 Just on weekends or holidays
3 During the week as well as weekends or holidays
4 Almost every day

In using "downers", are you . . .

1 A non-user
2 A very light user
3 A light user
4 A moderate user
5 A heavy user
6 A very heavy user

The COCAINE score is the total on the following items:

Have you ever used cocaine?

1 I have never used it
2 Used it once or twice
3 Used it a few times
4 Used it a lot

How have you used cocaine?

1 I have never used it
2 Took it by mouth
3 Sniffed it
4 Used a needle

In using cocaine, are you . . .

1 A non-user
2 A very light user
3 A light user
4 A moderate user
5 A heavy user
6 A very heavy user

Note: Free-base is so rare it is not yet included on the survey.

The HEROIN score is the total on the following items:

Have you ever used heroin?

1 I have never used it
2 Used it once or twice
3 Used it a few times
4 Used it a lot

How have you used heroin?

1 I have never used it
2 Took it by mouth
3 Sniffed it
4 Used a needle

In using heroin, are you . . .

1 A non-user
2 A very light user
3 A light user
4 A moderate user
5 A heavy user
6 A very heavy user

The SNIFF score is the total on the following items:

How many times have you "sniffed" glue or anything else to get high in the past two months? (Not including heroin or cocaine)

1 I never sniffed
2 None in the last two months
3 Once or twice
4 3 to 9 times
5 10 or more times

When do you usually sniff?

1 I do not sniff
2 Just on weekends or holidays
3 During the week as well as weekends or holidays
4 Almost every day

In using glue or other things you "sniff" to get high, are you . . .

1 A non-user
2 A very light user
3 A light user
4 A moderate user
5 A heavy user
6 A very heavy user

The PCP score is the total on the following items:

In the last two months, how many times have you used PCP?

1 None
2 Once or twice
3 3 to 9 times
4 10 or more times

In using PCP, how much do you take?

1 Never use it
2 A small amount, not repeated
3 A small amount, but repeated so I stay high
4 A large amount, not repeated
5 A large amount, repeated so I stay high

In using PCP, are you . . .

1 A non-user
2 A very light user
3 A light user
4 A moderate user
5 A heavy user
6 A very heavy user

The following items are also used in style classification:

HALLUCINOGEN User:

In using LSD or other psychedelics, are you . . .

1 A non-user
2 A very light user
3 A light user
4 A moderate user
5 A heavy user
6 A very heavy user

QUAALUDE User:

In using quaaludes, are you . . .

1 A non-user
2 A very light user
3 A light user
4 A moderate user
5 A heavy user
6 A very heavy user

Items for Style Classification (continued):

PEYOTE User:

In using peyote, are you . . .

1 A user only for religious purposes
2 A non-user
3 A very light user
4 A light user
5 A moderate user
6 A heavy user
7 A very heavy user

EVER BEER:

Have you ever tried beer?

2 Yes
1 No

EVER WINE:

Have you ever tried wine?

2 Yes
1 No

EVER LIQUOR:

Have you ever tried whiskey, gin, or other hard liquor?

2 Yes
1 No

EVER SNIFFED:

Have you ever "sniffed" something to get high (glue or anything else)? (Not including heroin or cocaine)

2 Yes
1 No

EVER MARIJUANA:

Have you ever used marijuana (pot, grass, reefer, hash, etc.)?

2 Yes
1 No

Items for Style Classification (continued):

EVER STIMULANTS:

Have you ever tried "uppers" (whites, methedrine, speed, pep pills, dex, bennies, greenies, Black Beauties, beans, crystal, white crosses, etc.)?

2 Yes
1 No

EVER SEDATIVES:

Have you ever used "downers" (barbiturates, reds, yellow jackets, blues, etc.)?

2 Yes
1 No

EVER HEROIN:

Have you ever used heroin?

1 I have never used it
2 Used it once or twice
3 Used it a few times
4 Used it a lot

EVER COCAINE:

Have you ever used cocaine?

1 I have never used it
2 Used it once or twice
3 Used it a few times
4 Used it a lot

EVER PEYOTE:

Have you ever used peyote just to get high?

1 I have used it only for religious purposes
2 Never used it
3 Used it once or twice
4 Used it a few times
5 Used it a lot

Items for Style Classification (continued):

EVER PCP:

Have you ever tried PCP (angel dust, peace pill, hog, etc.)?

2 Yes
1 No

EVER HALLUCINOGENS:

Have you ever tried LSD or other psychedelics (for example, mescaline, psilocybin, mushrooms, DOM (STP), DMT, MDA, DPT, morning glory seeds, etc.)?

_____ Yes
_____ No

EVER QUAALUDES:

Have you ever used quaaludes (quacks, ludes)?

_____ I have never used them
_____ Given to me by a doctor
_____ Took them a few times without getting them from a doctor
_____ Took them a lot without getting them from a doctor

Table F2

Drug Use Styles and Scoring Criteria for Assigning to Styles: Adolescent Survey

Note: The classification system is hierarchical. An individual is assigned only to the style that is highest on the list where all criteria for assignment to that style are met.

	STYLE	CRITERIA
1.	Heavy Polydrug	10+ on MARIJUANA and (6+ on STIMULANTS or 7+ on COCAINE) and (6+ on SEDATIVES or 6+ on HEROIN)
2.	Polydrug	8+ on MARIJUANA and (6+ on SEDATIVES or 3+ on QUAALUDE USER or 6+ on HEROIN or 6+ on PCP)
3.	Marijuana and Sedatives	8+ on MARIJUANA and (6+ on SEDATIVES or 6+ on HEROIN or 3+ on QUAALUDE USER or 5+ on PCP)
4.	Stimulant and Hallucinogen	(6+ on STIMULANTS or 6+ on COCAINE) and (2+ on HALLUCINOGEN USER or 3+ on PEYOTE USER)
5.	Marijuana and Cocaine	8+ on MARIJUANA and 6+ on COCAINE
6.	Marijuana and Stimulants	8+ on MARIJUANA and 5+ on STIMULANTS
7.	Drug User	6+ on STIMULANTS or 6+ on COCAINE or 3+ on QUAALUDE USER or 6+ on HEROIN or 5+ on PCP or 5+ on SEDATIVES
8.	Child Polydrug	6+ on MARIJUANA and 7+ on SNIFF and 5+ on DRUNK
9.	Inhalant	7+ on SNIFF
10.	Hallucinogen	2+ on HALLUCINOGEN USER
11.	Peyote	3+ on PEYOTE USER
12.	Heavy Marijuana and Alcohol	10+ on MARIJUANA and 6+ on DRUNK

Table F2 (continued)

13.	Heavy Marijuana	10+ on MARIJUANA
14.	Marijuana and Alcohol	6+ on MARIJUANA and 6+ on DRUNK
15.	Marijuana	6+ on MARIJUANA
16.	Heavy Alcohol and Drug Experimenter	10+ on BEER and 6+ on DRUNK and (2+ on EVER HEROIN or 2+ on EVER COCAINE or 2 on EVER SEDATIVES or 2 on EVER STIMULANTS or 2 on EVER PCP or 2 on EVER HALLUCINOGENS or 3+ on EVER QUAALUDES)
17.	Heavy Alcohol and Marijuana Experimentater	10+ on BEER and 6+ on DRUNK and 2 on EVER MARIJUANA
18.	Heavy Alcohol	10+ on BEER and 6+ on DRUNK
19.	Drug Experimenter	2+ on EVER HEROIN or 2+ on EVER COCAINE or 2 on EVER SEDATIVES or 2 on EVER STIMULANTS or 2 on EVER PCP or 3+ on EVER QUAALUDES or 2 on EVER HALLUCINOGENS
20.	Sniff Experimenter	2 on EVER SNIFFED
21.	Marijuana Experimenter	2 on EVER MARIJUANA
22.	Light Alcohol	6+ on BEER and 5+ on DRUNK
23.	Tried Alcohol	2 on EVER BEER or 2 on EVER WINE or 2 on EVER LIQUOR
24.	No Drug Use	

Table F3

Percent of Indian Youth in Each
Drug Use Style, Grades 7-12, 1980-1981

Drug Use Types	Drug Use Styles	Percent in Group
A Polydrug Use	1 Heavy Polydrug	3.8%
	2 Polydrug	2.3%
	3 Marijuana & Downers	2.5%
B Stimulant Use	4 Stimulants & Hallucinogens	1.7%
	5 Marijuana & Cocaine	3.4%
	6 Marijuana & Amphetamines	3.3%
C Periodic Drug Use	7 Drug User	1.8%
	8 Child Polydrug	0.7%
	9 Inhalants	0.7%
	10 Hallucinogens	0.7%
	11 Peyote	0.5%
D Marijuana & Alcohol Use	12 Heavy Marijuana & Alcohol	5.5%
	13 Heavy Marijuana	7.3%
	14 Marijuana & Alcohol	7.7%
	15 Marijuana	14.0%
E Heavy Alcohol Use	16 Heavy Alcohol & Drug Experimentation	0.1%
	17 Heavy Alcohol & Marijuana Experimentation	0.2%
	18 Heavy Alcohol	0.1%
F Experimental Drug Use	19 Drug Experimenter	4.5%
	20 Inhalant Experimenter	0.8%
	21 Marijuana Experimenter	11.0%
G Light Alcohol Use	22 Light Alcohol	4.9%
H Negligible or No Use	23 Tried Alcohol	7.3%
	24 No Drugs or Alcohol	8.9%
Inconsistent Responders		5.7%

(The totals for styles do not add up exactly to the percent in each type found in Table A5. Before assigning to types, the inconsistent responders are removed from the sample.)

Table F4

Scoring of Items for Assessing Involvement with Individual Drugs: Children's Survey

The scores used in assigning children to the different drug use styles are derived in the following manner:

The BEER score is the total on the following items:

How often do you drink beer or wine?

1 I never drink it
2 1 or 2 times a year
3 1 or 2 times a month
4 Almost every week
5 More than that

When do you drink beer or wine?

1 I do not drink
2 Just on weekends or holidays
3 During the week and on weekends or holidays
4 Almost every day

Where do you drink beer or wine?

1 I never drink it
2 Only at home with my family
3 With other kids when no parents are around
4 By myself and with other kids

Have you ever gotten really drunk so you fell down or got sick?

1 Never
2 1 or 2 times
3 3 or more times

In the past two months, how often did you get drunk?

1 I did not drink
2 Drank some, but never enough to get drunk
3 Got drunk 1 or 2 times
4 Got drunk 3 or more times

Table F4 (continued)

The SNIFF score is the total on the following items:

Have you ever sniffed something to get high?

2 Yes
1 No
1 I don't know what you mean

How often do you sniff something to get high?

1 I never do it
2 A few times a year
3 Almost every week
4 Almost every day

When do you sniff to get high?

1 I never do it
2 Just on weekends or holidays
3 During the week and on weekends or holidays
4 Almost every day

Where do you sniff to get high?

1 I never do it
2 A little with other kids
3 A lot with other kids
4 By myself and with other kids

How do you sniff to get high?

1 I never do it
2 Just enough to feel it a little bit
3 Enough to feel it a lot
4 Until I pass out or come close to it

Table F4 (continued)

The MARIJUANA score is the total on the following items:

How often do you use pot or grass?

1 I never use it
2 A few times a year
3 Almost every week
4 Almost every day

When do you usually use pot or grass?

1 I do not use it
2 Just on weekends or holidays
3 During the week and on weekends and holidays
4 Almost every day

How do you use pot or grass?

1 I do not use it
2 Just a little with other kids
3 A lot with other kids
4 By myself and with other kids

The DRUNK score is the total on the following items:

Have you ever gotten really drunk so you fell down or got sick?

1 Never
2 1 or 2 times
3 3 or more times

In the past two months, how often did you get drunk?

1 I did not drink
2 Drank some, but never enough to get drunk
3 Got drunk 1 or 2 times
4 Got drunk 3 or more times

Table F4 (continued)

The following items are also used in style classification:

WHERE BEER:

Where do you drink beer or wine?

1 I never drink it
2 Only at home with my family
3 With other kids when no parents are around
4 By myself and with other kids

EVER BEER:

Have you ever tried beer or wine?

2 Yes
1 No

EVER SNIFF:

Have you ever sniffed something to get high?

2 Yes
1 No
1 I don't know what you mean

EVER MARIJUANA:

Have you ever smoked marijuana (pot or grass)?

2 Yes
1 No
1 I don't know what it is

Table F5

Drug Use Styles and Scoring Criteria for Assigning to Styles: Children's Survey

Note: The classification system is hierarchical. An individual is assigned only to the style that is highest on the list where all criteria for assignment to that style are met.

Style	Criteria
1. Heavy Child Polydrug	12+ on SNIFF and 9+ on BEER and 6+ on MARIJUANA
2. Child Polydrug	8+ on SNIFF and 6+ on MARIJUANA
3. Marijuana and Alcohol	8+ on MARIJUANA and 4+ on DRUNK
4. Marijuana	8+ on MARIJUANA
5. Inhalant	8+ on SNIFF
6. Light Marijuana and Alcohol	6+ on MARIJUANA and 3+ on WHERE BEER
7. Light Marijuana	6+ on MARIJUANA
8. Alcohol	4+ on DRUNK
9. Social Alcohol	9+ on BEER and 3+ on WHERE BEER
10. Tried Marijuana	2 on EVER MARIJUANA
11. Tried Inhalants	2 on EVER SNIFF
12. Family Alcohol	8+ on BEER and 2 on WHERE BEER
13. Tried Alcohol	2 on EVER BEER
14. No Use	

Table F6

Percent of Indian Children in Each Children's Drug Use Style, Grades 4-6, 1980-1981

A	Polydrug	
	1 Heavy Child Polydrug	2.1%
	2 Child Polydrug	3.4%
B	High Drug Involvement	
	3 Marijuana & Alcohol	1.4%
	4 Marijuana	1.8%
	5 Inhalants	3.4%
C	Light Drug Involvement	
	6 Light Marijuana & Alcohol	2.8%
	7 Light Marijuana	3.4%
D	Alcohol	
	8 Alcohol	2.5%
	9 Social Alcohol	3.9%
E	Drug Experimentation	
	10 Tried Marijuana	8.7%
	11 Tried Inhalants	5.8%
F	Negligible or No Drug Use	
	12 Family Alcohol	4.3%
	13 Tried Alcohol	5.5%
	14 No Use	43.5%
Inconsistent Responders		7.6%

(The totals for styles do not add up to exactly the percent in each type found in Table E2. Before assigning to types the inconsistent responders are removed from the sample.)

APPENDIX B

ITEM CLUSTERS FOR ASSESSING CORRELATES OF DRUG USE FROM THE ADOLESCENT DRUG USE SURVEY, GRADES 7-12

Table G1, on the following pages, lists the questions that are included in the survey. Internal consistency reliabilities for item clusters are noted. A copy of the actual survey may be obtained from Western Behavioral Studies.

These items are in the public domain and may be used without permission, although the courtesy of a citation of the source would be appreciated.

WARNING TO SURVEY USERS

There is a tendency for those who elect to do their own survey to change items. They think that a slight re-wording would make the item more understandable or more culturally appropriate for the single group that they are going to survey. The user should understand that ANY change in an item or in the response to the item alters the meaning of that item. Many different tests have been made of these items so that groups of items can be used to obtain scores that measure particular characteristics. If the items are used "as is", then they can be combined to get a total score for that characteristic in a new group with reasonable assurance that the total score will measure that characteristic. If an item is changed in any way, then that assurance is no longer present, and the items can no longer be combined to yield that total score. For the same reason, if additional information is desired, the user should add new items rather than add alternative responses to present items.

If the user wants to use only part of the survey, that does not appear to alter the validity of the survey. In several different tests, the order of items and the surrounding context of an item did not seem to change the validity as measured by internal consistency and relationships with other variables.

It is recommended that drug use items for a particular drug be kept together on the survey to make the task easier for the respondents. The use of a separate answer sheet is not recommended, particularly for 7th and 8th grade students where errors because of alignment are more frequent and where the time needed to take the survey is longer.

This survey has been evaluated for use in several samples of Native American youth and in a non-Indian sample. The cluster structures of the items are essentially the same in all samples, including the non-Indian one. For a non-Indian sample, it is recommended that items assessing religious identification be added. Such items do not cluster together in Indian samples but do in non-Indian samples.

The survey items are written using very simple language, so translations of the items into other languages may be possible, and the resulting survey may retain its validity. After translation, however, cluster analyses should definitely be repeated -- research on translation of instruments suggests that changes in meaning are hard to avoid.

Table G1

Items and Item Clusters from the
Adolescent Survey (Grades 7-12)

Note: The items used to assess drug use appear in Table F1 and are not repeated here. In this table, the item clusters are labelled. Those labels do not appear on the survey, and items in the same cluster often appear on different pages of the survey.

How I view school

Reliability: .81

School is fun.

_____ A lot
_____ Some
_____ Not much
_____ No

I like my teachers.

_____ A lot
_____ Some
_____ Not much
_____ No

I like school.

_____ A lot
_____ Some
_____ Not much
_____ No

How well I do in school

Reliability: .82

Do you get good grades?

_____ Very good
_____ OK
_____ Not very good
_____ Bad

I am a good student.

_____ Very good
_____ OK
_____ Not too good
_____ Bad

How well are you doing in school?

_____ Very well
_____ OK
_____ Not very well
_____ Bad

Sometimes grammatical elegance would call for a slightly different set of alternative responses to a statement. As long as the meaning is clear, a decision was made to keep the responses as simple and standardized as possible.

Table G1 (Continued)

What kind of grades do you get in school?

_____ Very good
_____ OK
_____ Not very good
_____ Bad

The good things I see in the future — Reliability: .90

Will people respect and like you when you are an adult?

_____ No chance they will
_____ Poor chance
_____ Fair chance
_____ Good chance
_____ Sure that they will

Do you think that you will graduate from high school?

_____ No chance I will
_____ Poor chance
_____ Fair chance
_____ Good chance
_____ Sure that I will

Do you think you will be able to get a good job?

_____ No chance that I will
_____ Poor chance
_____ Fair chance
_____ Good chance
_____ Sure that I will

Will you be able to earn enough to buy things you want?

_____ No chance that I will
_____ Poor chance
_____ Fair chance
_____ Good chance
_____ Sure that I will

The bad things I see in the future * — Reliability: .55

_____ I will be bored
_____ Bad things will happen to me
_____ I will quit school
_____ I will be poor

* These items are scored from a longer checklist of both positive and negative statements.

Table G1 (Continued)

How I would like others to see me — Reliability: .77

Do you want other kids to think you are a good person?

_____ A lot
_____ Some
_____ Not much
_____ No

Do you want people to think you are a good person?

_____ A lot
_____ Some
_____ Not much
_____ No

How important is it to you to be a good person?

_____ Very important
_____ Somewhat important
_____ Not very important
_____ Not important at all

Feelings of depression — Reliability: .90

I am lonesome.

_____ A lot
_____ Some
_____ Not much
_____ No

I feel bad.

_____ A lot
_____ Some
_____ Not much
_____ No

I feel sad.

_____ A lot
_____ Some
_____ Not much
_____ No

I feel low.

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

How I feel about myself

Reliability: .76

I am good looking.

_____ A lot
_____ Some
_____ Not much
_____ No

I am a good person.

_____ A lot
_____ Some
_____ Not much
_____ No

I am proud of myself.

_____ A lot
_____ Some
_____ Not much
_____ No

I am lucky.

_____ A lot
_____ Some
_____ Not much
_____ No

A like myself.

_____ A lot
_____ Some
_____ Not much
_____ No

Tolerance of deviance

Reliability: .67

Is it bad to tell a lie?

_____ A lot
_____ Some
_____ Not much
_____ No

Is it bad to steal?

_____ A lot
_____ Some
_____ Not much
_____ No

Is it bad to skip school?

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

Doing wrong things — Reliability: .86

I cheat in school.

_____ A lot
_____ Some
_____ Not much
_____ No

I do things my teachers don't like.

_____ A lot
_____ Some
_____ Not much
_____ No

I lie to people.

_____ A lot
_____ Some
_____ Not much
_____ No

I do bad things.

_____ A lot
_____ Some
_____ Not much
_____ No

I steal things.

_____ A lot
_____ Some
_____ Not much
_____ No

How my family feels about me — Reliability: .77

Does your family care what you do?

_____ A lot
_____ Some
_____ Not much
_____ They don't care at all

Does your family care about you?

_____ A lot
_____ Some
_____ Not much
_____ They don't care at all

Table G1 (Continued)

How others feel about me — Reliability: .79

Other kids like to be with me.

_____ A lot
_____ Some
_____ Not much
_____ No

I am good at games.

_____ A lot
_____ Some
_____ Not much
_____ No

My teachers like me.

_____ A lot
_____ Some
_____ Not much
_____ No

Other kids like me.

_____ A lot
_____ Some
_____ Not much
_____ No

How I relate to others — Reliability: .74

I am shy.

_____ A lot
_____ Some
_____ Not very
_____ No

Talking to strangers is hard for me.

_____ A lot
_____ Some
_____ Not much
_____ No

Making new friends is hard for me.

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

Being blamed by others — Reliability: .79

People get mad at me.

_____ A lot
_____ Some
_____ Not much
_____ No

I get blamed for things I don't do.

_____ A lot
_____ Some
_____ Not much
_____ No

I get blamed when things go wrong.

_____ A lot
_____ Some
_____ Not much
_____ No

Friends who use drugs — Reliability: .70

How many of your friends drink fairly often?

_____ None
_____ 1 or 2
_____ Several
_____ Most of them

How many of your friends use marijuana fairly often?

_____ None
_____ 1 or 2
_____ Several
_____ Most of them

How many of your friends use a drug other than marijuana fairly often?

_____ None
_____ 1 or 2
_____ Several
_____ Most of them

Table G1 (Continued)

Willingness to stop marijuana use -- self and others

Reliability: .84

Would you try to stop your friends from using marijuana?

_____ A lot
_____ Some
_____ Not much
_____ No

Would your friends try to stop you from using marijuana?

_____ A lot
_____ Some
_____ Not much
_____ No

Willingness to stop alcohol use -- self and others

Reliability: .81

Would your friends try to stop you from drinking beer, wine or hard liquor?

_____ A lot
_____ Some
_____ Not much
_____ No

Would you try to stop your friends from drinking beer, wine or hard liquor?

_____ A lot
_____ Some
_____ Not much
_____ No

Would your friends try to stop you from getting drunk?

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

Willingness to stop inhalant use -- self and others

Reliability: .73

Would you try to stop your friends from sniffing something to get high?

_____ A lot
_____ Some
_____ Not much
_____ No

Would your friends try to stop you from sniffing something to get high?

_____ A lot
_____ Some
_____ Not much
_____ No

Family concern about marijuana

Reliability: .83

Would your family try to stop you from using marijuana?

_____ A lot
_____ Some
_____ Not much
_____ No

Does your family care if you use marijuana?

_____ A lot
_____ Some
_____ Not much
_____ They don't care at all

Family concern about other drugs

Reliability: .72

Does your family care if you sniff things to get high?

_____ A lot
_____ Some
_____ Not much
_____ They don't care at all

Would your family try to stop you from sniffing something to get high?

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

Family concern about other drugs (cont.)

Does your family care if you use drugs other than marijuana?

_____ A lot
_____ Some
_____ Not much
_____ No

Identification with the Indian way of life Reliability: .87

Does your family live by or follow the Indian way?

_____ A lot
_____ Some
_____ Not much
_____ No

Do you live by or follow the Indian way?

_____ A lot
_____ Some
_____ Not much
_____ No

How successful is your family in the Indian way?

_____ Very successful
_____ Somewhat successful
_____ Not very successful
_____ Not at all successful

Do you think that you will be a success in life in the Indian way?

_____ Very successful
_____ Somewhat successful
_____ Not very successful
_____ Not at all successful

Identification with the non-Indian way of life Reliability: .78

Does your family live by or follow the non-Indian way?

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

Identification with the non-Indian way of life (cont.)

Do you live by or follow the non-Indian way?

_____ A lot
_____ Some
_____ Not much
_____ No

How successful is your family in the non-Indian way?

_____ Very successful
_____ Somewhat successful
_____ Not very successful
_____ Not at all successful

Do you think that you will be a success in life in the non-Indian way?

_____ Very successful
_____ Somewhat successful
_____ Not very successful
_____ Not at all successful

Participation in Indian activities Reliability: .75

Do you take part in Indian religious ceremonies?

_____ A lot
_____ Some
_____ Not much
_____ No

Do you take part in Indian activities and events?

_____ A lot
_____ Some
_____ Not much
_____ No

Do you speak an Indian language?

_____ A lot
_____ Some
_____ Not much
_____ No

Does your family take part in Indian activities and events?

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

The following two questions appear in the survey. The item clusters derived from those questions appear after them. These items are scored as follows: No check = 3; "A little" checked = 2; and "A lot" checked = 1.

Which of the following will damage your brain? (Check all that will damage your brain.)

_____ Using a little alcohol
_____ Using a lot of alcohol

_____ Sniffing a little
_____ Sniffing a lot

_____ Using a little marijuana
_____ Using a lot of marijuana

_____ Using a little PCP
_____ Using a lot of PCP

_____ Using other drugs a little
_____ Using other drugs a lot

Which of the following things would be really bad for your health? (Check all that you think are really bad for your health.)

_____ Using a little alcohol
_____ Using a lot of alcohol

_____ Sniffing a little
_____ Sniffing a lot

_____ Using a little marijuana
_____ Using a lot of marijuana

_____ Using a little PCP
_____ Using a lot of PCP

_____ Using other drugs a little
_____ Using other drugs a lot

Physical harm from drugs — Reliability: .85

Sniffing damage brain
PCP damage brain
Other drugs damage brain
Sniffing bad for health
PCP bad for health
Other drugs bad for health

Physical harm from alcohol — Reliability: .71

Alcohol damage brain
Alcohol bad for health

Table G1 (Continued)

Physical harm from marijuana — Reliability: .82

Marijuana damage brain
Marijuana bad for health

The following two checklists appear on the survey. The item clusters derived from the checklists appear after them.

Why do you or might you use alcohol? (Check as many reasons as you want to; put two checks by the reasons that are most important to you.)

_____ _____ Never use it
_____ _____ I like the feeling I get
_____ _____ It's part of being at a party
_____ _____ To fight
_____ _____ It makes me less nervous

_____ _____ To get rid of unhappy feelings
_____ _____ Because other kids do it
_____ _____ Calms me down when I'm uptight
_____ _____ Nothing else to do around here
_____ _____ For sex

_____ _____ Because I don't care what happens to me
_____ _____ Helps me relax at a party
_____ _____ Stops me from feeling low
_____ _____ To be with other kids
_____ _____ It just makes me feel good

_____ _____ Makes parties more fun
_____ _____ Let's me be wild
_____ _____ Helps me talk to other people
_____ _____ Because I'm bored
_____ _____ Helps me get rid of my worries
_____ _____ Just to do it with friends

_____ _____ To be tough
_____ _____ Helps me get along with others
_____ _____ Makes me feel less sad
_____ _____ To show they can't control my life
_____ _____ I like the way it feels

Table G1 (Continued)

Why do you or might you use drugs (marijuana, sniffing, or other drugs)? (Check as many reasons as you want to; put <u>two</u> checks by the reasons that are most important to you.)

_____	_____	Never use them
_____	_____	I like the feeling I get
_____	_____	Part of being at a party
_____	_____	To fight
_____	_____	Makes me less nervous
_____	_____	To get rid of unhappy feelings
_____	_____	Because other kids do it
_____	_____	Calms me down when I am uptight
_____	_____	Nothing else to do around here
_____	_____	For sex
_____	_____	Because I don't care what happens to me
_____	_____	Helps me relax at a party
_____	_____	Stops me from feeling low
_____	_____	To be with other kids
_____	_____	It just makes me feel good
_____	_____	Makes parties more fun
_____	_____	Lets me be wild
_____	_____	Helps me talk to other people
_____	_____	Because I'm bored
_____	_____	Helps me get rid of my worries
_____	_____	Just to do it with friends
_____	_____	To be tough
_____	_____	Helps me get along with others
_____	_____	Makes me feel less sad
_____	_____	I like getting high
_____	_____	To show they can't control my life

<u>Acting out anger</u>

Reliability: .84

Alcohol Checklist

_____ To fight
_____ Because I don't care what happens to me
_____ Lets me be wild
_____ To be tough

Drug Checklist

_____ To fight
_____ Because I don't care what happens to me
_____ To be tough
_____ To show they can't control my life

Table G1 (Continued)

Seeking positive feelings — Reliability: .87

Alcohol Checklist

_____ It just makes me feel good
_____ Nothing else to do around here

Drug Checklist

_____ I like getting high
_____ It just makes me feel good
_____ Nothing else to do around here
_____ I like the feeling I get
_____ Makes parties more fun

Relief of anxious or depressed feelings — Reliability: .83

Alcohol Checklist

_____ To get rid of unhappy feelings
_____ Makes me less nervous

Drug Checklist

_____ To get rid of unhappy feelings
_____ Stops me from feeling low
_____ Makes me feel less sad
_____ Helps me get rid of my worries
_____ Calms me down when I am uptight
_____ Makes me less nervous

Relief of social anxiety — Reliability: .83

Alcohol Checklist

_____ Helps me get along with others
_____ Helps me relax at a party
_____ Helps me talk to other people
_____ It's part of being at a party

Drug Checklist

_____ Helps me get along with others
_____ Helps me relax at a party
_____ Helps me talk to other people
_____ It's part of being at a party

Table G1 (Continued)

Relief of anxious or depressed feelings -- alcohol

Reliability: .80

Alcohol Checklist

_____ Calms me down when I'm uptight
_____ Stops me from feeling low
_____ Helps me get rid of my worries
_____ Makes me feel less sad

Social conformance

Reliability: .64

Alcohol Checklist

_____ Because other kids do it
_____ Just to do it with friends

Drug Checklist

_____ Because other kids do it
_____ To be with other kids
_____ Just to do it with friends

Seeking positive feelings -- alcohol

Reliability: .76

Alcohol Checklist

_____ I like the feeling I get
_____ For sex
_____ It just makes me feel good
_____ Makes parties more fun
_____ I like the way it feels

Other Survey Questions

The following questions are included on the survey. Some, such as the demographic questions, have not been used for identification of item clusters. Others cluster with item clusters, but not closely enough to be included in cluster scores. Others are new items that have not, as yet, been evaluated.

Demographic Questions:

In this section, we want to find out about you and the people you live with.

Sex: Male _____ Female _____

How old are you? _____

What grade (year of school) are you in? _____

Are you . . .

_____ Indian (What tribe? _____)
_____ Anglo or White
_____ Spanish or Mexican-American
_____ Black
_____ Oriental
_____ Other (What? _____)

What school did you go to 3 years ago? _____

Does your father live at home with you?

_____ Yes
_____ No
_____ My father died

Does your mother live at home with you?

_____ Yes
_____ No
_____ My mother died

Is your mother . . .

_____ Indian (What tribe? _____)
_____ Anglo or White
_____ Spanish or Mexican-American
_____ Black
_____ Oriental
_____ Other (What? _____)

How many older brothers do you have? _____

How many older sisters do you have? _____

Table G1 (Continued)

What is the highest grade in school your father completed? (Circle the number that is right.)

0	1	2	3	4	5	6	7	8	9	10	11	12	College 1	2	3	4

What is the highest grade in school your mother completed? (Circle the number that is right.)

0	1	2	3	4	5	6	7	8	9	10	11	12	College 1	2	3	4

Additional Drug Use Questions

These questions appear on the survey, but are not used in assessing drug use style. They are used to amplify information about drug involvement and to study other questions such as correlates of "bad trips" and the meaning of early drug use.

How old were you the first time you got drunk?

_____ Never got drunk

I was _____ years old

During the first year that you started using alcohol, how often did you use it?

_____ Never used it
_____ Only once or twice
_____ Several times
_____ At least once a month
_____ At least once a week
_____ Two or three times a week

During the first year you used alcohol, how often did you get drunk?

_____ Never used it
_____ Never got drunk
_____ Once or twice
_____ 3 to 9 times
_____ 10 or more times

Is it bad to drink beer, wine or hard liquor?

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

If you drink beer or wine, or hard liquor, where do you get it?

_____ Do not drink
_____ Friends give it to me
_____ From my brothers or sisters
_____ Buy it from other kids
_____ Take it from home
_____ Buy it from a liquor store or bar
_____ Other (Where? _____)

Does your family care if you drink?

_____ A lot
_____ Some
_____ Not much
_____ They don't care at all

How do you like to drink beer, wine or hard liquor?

_____ I never do it
_____ Just a small taste
_____ Just enough to feel it a little bit
_____ Enough to feel it a lot
_____ Until I get really drunk

Do you smoke cigarettes?

_____ No, never
_____ I tried them once or twice
_____ I smoke a little
_____ I smoke a lot

How old were you when you first tried cigarettes?

_____ Never used them

I was _____ years old

In smoking cigarettes, are you . . .

_____ A non-smoker
_____ A very light smoker
_____ A light smoker
_____ A moderate smoker
_____ A heavy smoker
_____ A very heavy smoker

How old were you when you first sniffed something to get high?

_____ Never sniffed anything

I was _____ years old

Table G1 (Continued)

What did you sniff the very first time?

_____ Never sniffed

I sniffed _____

What other things did you sniff the first year?

_____ Never sniffed
_____ Nothing else

I also sniffed _____

_____

During the first year you were "sniffing", how often did you do it?

_____ Never sniffed
_____ Only one or two times in the whole year
_____ Several times
_____ At least once a month
_____ Almost every week
_____ Two or three times a week
_____ Almost every day

How did you usually do it the first year you were "sniffing"?

_____ Never sniffed
_____ Just enough to feel it a little bit
_____ Enough to feel it a lot
_____ Until I stagger or drop things
_____ Until I pass out or come close to it

When was the last time you sniffed something to get high?

_____ Never sniffed
_____ During the last 6 months
_____ 6 to 12 months ago
_____ More than a year ago
_____ More than two years ago
_____ More than three years ago

What do you sniff to get high?

_____ I never sniff anything

I sniff _____

_____

_____

Table G1 (Continued)

How do you sniff?

_____ I do not sniff
_____ Just enough to feel it a little bit
_____ Enough to feel it a lot
_____ Until I stagger or drop things
_____ Until I pass out or come close to it

Is it bad to sniff things to get high?

_____ A lot
_____ Some
_____ Not much
_____ No

How many of your friends sniff fairly often?

_____ None
_____ 1 or 2
_____ Several
_____ Most of them

If you sniff something to get high, where do you get it?

_____ Do not sniff
_____ Friends give it to me
_____ From my brother or sister
_____ Buy it from other kids
_____ Take it from home
_____ Buy it at a store
_____ Steal it
_____ Other (Where? _____)

If you wanted to sniff something to get high, what could you get?

I could get _____
_____
_____

How old were you when you first started using marijuana?

_____ Never used it
I was _____ years old

Is it bad to use marijuana?

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

How do you use marijuana?

_____ I do not use it
_____ Just a little with friends
_____ A lot with friends
_____ By myself and with friends

Will using marijuana hurt you?

_____ A lot
_____ Some
_____ Not much
_____ No

Would your family try to stop you from using drugs other than marijuana?

_____ A lot
_____ Some
_____ Not much
_____ No

When you use "uppers", how much do you take?

_____ I never use them
_____ A small amount, not repeated
_____ A small amount, but repeated so I stay high
_____ A large amount, not repeated
_____ A large amount, repeated so I stay high

Have you ever had a "bad trip" when using "uppers"?

_____ Never use them
_____ Use them but never had a bad trip
_____ Once or twice
_____ 3 or more times

Have you ever taken tranquilizers (Miltown, Valium, Librium, Equanil, etc.) without getting them from a doctor?

_____ I have never used them
_____ Took them a few times without getting them from a doctor
_____ Took them a lot without getting them from a doctor

In using tranquilizers, are you . . .

_____ A non-user
_____ A very light user
_____ A light user
_____ A moderate user
_____ A heavy user
_____ A very heavy user

Table G1 (Continued)

Have you ever used Adrenochromes (stars) or Bindral (cobwebs)?

_____ I have never used them
_____ Given to me by a doctor
_____ Took them a few times without getting them from a doctor
_____ Took them a lot without getting them from a doctor

Have you ever heard of PCP?

_____ Yes
_____ No

In using PCP, how long do you stay high?

_____ I don't use it

I usually stay high for _____ hours

Have you ever had a "bad trip" using PCP?

_____ Never use it
_____ Use it, but never had a bad trip
_____ Once or twice
_____ 3 or more times

What psychedelics have you used?

_____ I have never used them

I have used _____

_____

_____

Which of the following drugs have you used while drinking alcohol during the past year? (Check all that are right.)

_____ Have not used any drug while drinking alcohol
_____ Marijuana
_____ I sniffed something (What? _____)
_____ Barbiturates ("downers")
_____ Amphetamines ("uppers")
_____ Tranquilizers
_____ Peyote
_____ PCP
_____ LSD
_____ Other (What? _____)

Table G1 (Continued)

What drugs have you used together, or taken at the same time, in the past year (not counting alcohol)? (Please write in the names of the drugs.)

_____ Have not used 2 or more drugs at the same time

I have used _____ and _____ together
_____ and _____
_____ and _____

Have you ever had a "bad trip" from taking any drugs?

_____ I don't use drugs
_____ Never had a bad trip
_____ Happened once or twice
_____ Happened 3 or more times

What were you using when you had the worst "bad trip"?

_____ I never had one

I was using _____

Which of the following happened to you while you were having your worst bad trip? (Check all that are right.)

_____ Never had a bad trip
_____ I don't remember what happened
_____ Felt sick
_____ Saw bright colors
_____ Felt someone was after me

_____ Wanted to hurt someone
_____ Was scared
_____ Did crazy things
_____ Could not see clearly
_____ Was afraid

_____ I don't remember what I did
_____ Taken to a doctor
_____ Felt ill
_____ Saw strange things
_____ Felt someone was out to get me
_____ Wanted to break things

_____ Could not hear clearly
_____ Picked up by police
_____ Thought I was dying
_____ Did dangerous things
_____ Heard loud, strange sounds

_____ Had a fight with my family
_____ Could not talk clearly
_____ Was afraid of dying
_____ Did strange things
_____ Could not feel pain

Table G1 (Continued)

How often have your friends asked you to use each of these drugs? (Check all that are right.)

Cocaine	____ Never	____ Some	____ A lot
Marijuana	____ Never	____ Some	____ A lot
Glue	____ Never	____ Some	____ A lot
Gasoline	____ Never	____ Some	____ A lot
Other "sniffing" drug	____ Never	____ Some	____ A lot
Uppers	____ Never	____ Some	____ A lot
Heroin	____ Never	____ Some	____ A lot
Downers	____ Never	____ Some	____ A lot
PCP	____ Never	____ Some	____ A lot
LSD	____ Never	____ Some	____ A lot
Peyote	____ Never	____ Some	____ A lot
Other hallucinogen	____ Never	____ Some	____ A lot
Get drunk	____ Never	____ Some	____ A lot

Which of the following drugs would your friends try to stop you from using? (Check all that are right.)

____ Cocaine
____ Marijuana
____ Glue
____ Gasoline
____ Other "sniffing" drug
____ Uppers
____ Heroin
____ Downers
____ PCP
____ LSD
____ Peyote
____ Other hallucinogen
____ Get drunk

Table G1 (Continued)

Other Questions: (cont.)

How impo tant is it to you to be thought of as a good student by the other students?

_____ Very important
_____ Somewhat important
_____ Not very important
_____ Not important at all

How important is it to your family that you be a good student?

_____ Very important
_____ Somewhat important
_____ Not very important
_____ Not important at all

Do the adults in your family make much money?

_____ A lot
_____ Enough
_____ Not enough
_____ No

Do you want your family to think you are a good person?

_____ A lot
_____ Some
_____ Not much
_____ No

Other Cultural Identification Questions: (not clustered)

Does your family teach you about Indian ways?

_____ A lot
_____ Some
_____ Not much
_____ No

How much do you want to speak an Indian language?

_____ A lot
_____ Some
_____ Not much
_____ Not at all

How much do you want to know Indian legends and stories?

_____ A lot
_____ Some
_____ Not much
_____ Not at all

Table G1 (Continued)

Other Personal Questions: (not clustered)

I am nervous.

_____ A lot
_____ Some
_____ Not much
_____ No

I like to play jokes.

_____ A lot
_____ Some
_____ Not much
_____ No

I get tense and jumpy.

_____ A lot
_____ Some
_____ Not much
_____ No

I am left out of things.

_____ A lot
_____ Some
_____ Not much
_____ No

People pick on me.

_____ A lot
_____ Some
_____ Not much
_____ No

Other kids hate me.

_____ A lot
_____ Some
_____ Not much
_____ No

Other kids make fun of me.

_____ A lot
_____ Some
_____ Not much
_____ No

Table G1 (Continued)

Other Personal Questions (Continued)

Will you have a good job when you are an adult?

_____ Yes, a very good one
_____ Yes, a good job
_____ No, not very good
_____ No, no job at all

Do the adults in your family have good jobs?

_____ Very good
_____ Good
_____ Not too good
_____ Poor
_____ Do not work

What is your future going to be like? (Check all that are right.)

_____ I will have fun
_____ Good things will happen to me
_____ I will have a good job
_____ I will get in trouble
_____ I will have a lot of money
_____ I will live a long time
_____ I will be sick a lot
_____ I will go a lot of places

When I answered the questions about alcohol . . .

_____ I was very honest
_____ I said I used it more than I really do
_____ I said I used it less than I really do

When I answered the questions about drugs . . .

_____ I was very honest
_____ I said I used them more than I really do
_____ I said I used them less than I really do

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